



COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH
PRINCIPAL SCHOOL MEDICAL OFFICER

and

CHIEF WELFARE OFFICER
T. O. R. D. LAWSON M.D., D.R.C.O.G., D.P.H.

and of the

CHIEF SANITARY INSPECTOR
W. TAPPEL M.P.S.M.I., M.S.I.A.

FOR THE YEAR 1983



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W. PARKER, M.R.San.I., M.S.I.A.

FOR THE YEAR 1953

Constitution of Committees as at 31st December, 1953

HEALTH COMMITTEE

Alderman Dr. A. W. Weston (*Chairman*)

Alderman J. C. Price (*Vice-Chairman*)

The Mayor	Councillor B. Davies
The Deputy Mayor	Councillor T. Murray
Alderman T. E. Bennett	Councillor W. H. W. Poulton
Alderman Dr. F. G. Lewis	Councillor C. N. Preedy
Councillor C. Baker	Councillor J. J. Virr
Councillor F. Brookes	Councillor F. T. Webb
Councillor J. J. Curley	

(Members of the Council)

Dr. J. MacDonald	{	Appointed by Dudley Executive Council
Mr. S. Rowley		
Dr. D. L. Little	{	Appointed by Local Medical Committee
Mr. H. Skidmore		
Mrs. D. Chambers	{	Appointed by Local Hospital Management Committee
		Mrs. M. A. Stokes

(Co-opted Members)

WELFARE COMMITTEE

Councillor G. B. Norton (*Chairman*)

Councillor J. L. Billingham (*Vice-Chairman*)

The Mayor	Councillor C. N. Preedy
The Deputy Mayor	Councillor W. E. Robinson
Alderman Dr. F. G. Lewis	Councillor J. Sefton
Alderman S. Wright	Councillor A. D. Stokes
Councillor C. S. Fowler	Councillor J. J. Virr

(Members of the Council)

Mrs. Billingham	Mrs. D. Smith
Mrs. L. Moore	Rev. F. Binns
Mrs. Newey	Rev. B. H. Butt

(Co-opted Members)

EDUCATION COMMITTEE

Alderman T. E. Bennett (*Chairman*)

Alderman J. A. Taylor (*Vice-Chairman*)

The Mayor	Councillor C. E. Clarke
The Deputy Mayor	Councillor B. Davenport
Alderman J. L. Hillman	Councillor H. J. Hedge
Alderman Dr. F. G. Lewis	Councillor R. Little
Alderman J. H. Molyneux	Councillor C. N. Preedy
Alderman J. C. Price	Councillor A. D. Stokes
Alderman W. Wakeman	Councillor F. T. Webb

(Members of the Council)

Mrs. D. Chambers	Rev. J. M. Gratton
Mrs. D. Smith	Rev. P. J. Quilty
Mr. H. Baker	Rev. R. C. Stevens
Mr. N. H. Davis	

(Co-opted Members)

SCHOOL MEDICAL AND ATTENDANCE SUB-COMMITTEE

Alderman Dr. F. G. Lewis (*Chairman*)

The Mayor	Councillor H. J. Hedge
The Deputy Mayor	Councillor A. D. Stokes
Alderman T. E. Bennett	Councillor F. T. Webb

(Members of the Council)

Rev. Joyce Knee	Mr. H. Baker
Rev. P. J. Quilty	Mr. N. H. Davis
Rev. R. C. Stevens	Mrs. D. Smith

(Co-opted Members)

The Mayor, Aldermen and Councillors
of the County Borough of Dudley.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report for the year 1953.

The absence of any outstanding health problem during the year has given opportunity for the steady development of the Council's existing Health Services and the introduction of new measures for the maintenance of the health of the community. I think it can now be said that the chief difficulties of the immediate post war years, financial and otherwise, are not now so much in evidence and we can plan with more confidence for the future. That has been my impression during 1953 and, indeed, more progress has been made this year than in any year since the war. Unfortunately, a year of quiet and steady progress in a Health Department usually gives the impression that nothing is happening. It is only a major epidemic, or more significantly the failure to prevent it, that brings publicity. It was said at the recent Conference of the Association of Municipal Corporations that the chief failing of the Local Authority was its inability or reluctance to blow its own trumpet. It has also been said, although in lighter vein, that no Medical Officer of Health will ever achieve fame by preventing an epidemic. Rather should he let the epidemic develop and demonstrate his skill by stopping it. Publicity may be a good thing but if its absence means success we can do without it in the Health Department.

The picture of the health of the community during the year is generally very favourable but there are a few exceptions, particularly with regard to diphtheria immunisation and the infant mortality rate, neither of which give cause for alarm but both should be better than they are. I think we have now reached the stage in our preventive health services where success is going to depend to a lesser degree on scientific discovery and will be conditioned more and more by the response and co-operation of the public. People must come to realise that they have a stake in the Health Service, that it is their service and that unless they play their part, success will always be limited both in terms of freedom from disease and, more important, in the enjoyment of positive health. All this is only another way of stressing the importance of health education which is becoming an increasingly important function of the Local Authority Health Service. It is not sufficient to provide a service and advertise its existence. The benefits of the service to the community must be brought home to the individual in a manner he will understand and appreciate, so that by taking advantage of the services provided he may realise the responsible part he can play in the health and well-being of the community.

I will now give an outline of the more important aspects of the public health during the year. Fuller information will be found in the body of the report.

Infant Mortality. The infant mortality rate of 36.07 per 1,000 live births is still much too high and exceeds last year's rate of 32.45. We have not yet been able to repeat the 1951 figure when the rate for the town was the lowest on record (25.69) and yet there is no reason why we should not do so. The infant mortality rate for England and

Wales in 1953 was 27.6 and for County Boroughs and Great Towns including London 30.8. The comparison is not as favourable as it might be. A fuller comment on the infant mortality rate will be found in the appropriate section of the report.

Diphtheria. I have to report an increase in the incidence of diphtheria during the year, from three cases in 1952 to ten in 1953, an increase which is a reflection on the decline in the immunisation rate mentioned in previous reports. I commented last year on the decline in the immunisation rate and although strenuous efforts have been made since then to increase the general level of protection in the town, results do not come quickly. I will have more to say on this subject later in the report.

Tuberculosis. Considerable progress has been made in the tuberculosis service during the year due, chiefly, to the establishment in the town of a permanent Mass Radiography Unit. This is an important event in the Borough's health services and is already proving a great asset in the prevention of tuberculosis. We now have immediately at hand facilities for X-raying every suspected case of the disease and, as will be explained later in the report, new measures have been taken which have considerably extended the field of tuberculosis work in the town. The Unit, which is housed in the Council's premises next door to the Health Department, has been supplied by the Birmingham Regional Hospital Board, and the Director, along with the Chest Physician in Dudley, has co-operated with the Department to provide a comprehensive service of tuberculosis control which I am sure will have excellent results.

The improvement reported last year has been maintained during 1953. The death rate from all forms of tuberculosis dropped from 33 in 1951 to 17 in 1952, a reduction of almost 50%. This year the number of deaths (17) is exactly the same as 1952 although there has been a reduction in the number of deaths from the respiratory type of the disease. The number of notifications of new cases is almost exactly the same as last year, but this is not discouraging in view of the increase in the diagnostic facilities provided by the Mass Radiography Unit. I can report, therefore, that there has been no increase in the incidence of tuberculosis in the town during 1953 and the death rate from the disease is still reduced by 50% since 1952.

Other Infectious Diseases. The year has been free of epidemics. There has been no significant increase in the notification of any of the common infectious diseases apart from the increase in the number of cases of diphtheria.

Maternal Mortality. No mother died during the year as a result of childbirth. There has been one such death in the town during the last six years.

Other Vital Statistics. There has been a slight reduction in the birth rate during the year which is of no significance. The birth rate in Dudley is still higher than the national average though a little lower than the average for the County Boroughs and Great Towns including London. There has, however, been an appreciable reduction in the death rate, which is well below the national average and even more

below the average for the County Boroughs and Great Towns. The population of the town is being adequately maintained.

Housing. It is pleasing to note that the slum clearance scheme is now well under way and a start has at last been made in rehousing families from some of the worst property in the town. Bad housing is one of the chief causes of bad health. One cannot expect wonderful health records as long as large families are living in small, overcrowded, and unfit houses. A bold and imaginative scheme of slum clearance has been started in the town. It will take a number of years to complete, but when Dudley has no longer a slum problem it will have a very much reduced health problem. The slum clearance scheme will pay good dividends in better health and better living and I hope that one day I will have the privilege of recording the results.

In concluding this introduction to my Annual Report, I would like to pay tribute to Alderman Dr. A. W. Weston, who completed his last year as Chairman of the Health Committee before leaving Dudley for South America early in 1954. Much has been said already about his services to this Authority but I, particularly, had good reason to be grateful to him. I came to Dudley nearly six years ago with a great deal to learn about Local Authority affairs. In Dr. Weston I was indeed fortunate in finding such a wise guide and counsellor, who so willingly gave me the benefit of his knowledge and experience. As long as I serve in my present capacity I will have cause to remember the encouragement and kindness I received from him when I first became a Medical Officer of Health, and which continued as long as he was Chairman of the Health Committee. He showed the same consideration for all members of the Health Department, on whose behalf I would offer our thanks and best wishes for the future.

My thanks are due once again to all members of the staff of the Health and Welfare Departments on whose services I can confidently rely for the efficient functioning of the various units of the Department. I am indebted to the other Officials of the Council whose help and co-operation have been invaluable, and in my own Department I would like to acknowledge particularly the services of Mr. W. Parker, Chief Sanitary Inspector and Mr. H. D. Parsons, Administrative Assistant who has compiled the statistical data for this report. I always enjoy the most cordial relationship with the general practitioners in the town and the hospital authorities and for this I am duly grateful because it makes for an efficient and successful health administration which means a better service for the public whom we serve. I would express my thanks again to all those members of voluntary organisations who work with us and whose services are so much appreciated. Last, but by no means least, I would like to put on record once again my thanks and appreciation to the members of the Press, whose ready help and support is a continuous asset to the Health Department.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

T. O. P. D. LAWSON,

Medical Officer of Health.

SECTION A—VITAL STATISTICS

(1) Summary

Population—Registrar General's estimate, 1953	....	....	....	....	61,420
Rateable Value (1953/54)	....	....	....	....	£343,422
Product of 1d. Rate (1953/54)	....	....	....	....	£1,363 7s. 10d.
<i>Livebirths:</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>		
Legitimate	.... 497	464	961	{ Rate per 1,000 pop- ulation	16.09
Illegitimate	.... 14	23	37		
<i>Stillbirths:</i>					
Legitimate	.... 10	11	21	{ Rate per 1,000 total (live and still) births	22.5
Illegitimate	.... —	2	2		
Deaths	.... 337	269	606	Rate per 1,000 pop- ulation	9.88
Infant Deaths	.... 23	13	36	Rate per 1,000 live births	36.07
Illegitimate Infant Deaths	.... —	—	—	Rate per 1,000 illeg- itimate live births	—
Maternal Deaths	.... —	—	—	Rate per 1,000 total (live and still) births	—

(2) Deaths from all Causes

Table I

	<i>Cause of Death</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
1	Tuberculosis of Respiratory System	11	4	15
2	Other forms of tuberculosis	1	1	2
3	Syphilitic Diseases	—	—	—
4	Diphtheria	1	—	1
5	Whooping Cough	1	1	2
6	Meningococcal Infections	2	1	3
7	Acute Poliomyelitis	—	—	—
8	Measles	1	1	2
9	Other Infective and Parasitic Diseases	1	—	1
10	Malignant Neoplasm, Stomach	9	7	16
11	Malignant Neoplasm, Lungs, Bronchus	16	2	18
12	Malignant Neoplasm, Breast	1	5	6
13	Malignant Neoplasm, Uterus	—	3	3
14	Other Malignant and Lymphatic Neo- plasms	21	11	32
15	Leukaemia aleukaemia	1	—	1
16	Diabetes	3	1	4
17	Vascular Lesions of Nervous System	20	43	63

<i>Cause of Death</i>					<i>M.</i>	<i>F.</i>	<i>Total</i>
18	Coronary Disease, Angina	....	....	....	41	20	61
19	Hypertension with Heart Disease	....	....	....	13	6	19
20	Other Heart Diseases	....	....	....	47	58	105
21	Other Circulatory Disease	....	....	....	13	18	31
22	Influenza	....	....	....	6	3	9
23	Pneumonia	....	....	....	17	13	30
24	Bronchitis	....	....	....	43	20	63
25	Other Diseases of Respiratory System	....	....	....	4	1	5
26	Ulcer of Stomach and Duodenum	....	....	....	8	2	10
27	Gastritis, Enteritis and Diarrhoea	....	....	....	2	1	3
28	Nephritis and Nephrosis	....	....	....	5	2	7
29	Hyperplasia of Prostate	....	....	....	3	—	3
30	Pregnancy, Childbirth, Abortion	....	....	....	—	—	—
31	Congenital Malformations	....	....	....	2	3	5
32	Other defined and ill-defined diseases	....	....	....	26	26	52
33	Motor Vehicle Accidents	....	....	....	5	1	6
34	All other Accidents	....	....	....	8	8	16
35	Suicide	....	....	....	4	7	11
36	Homicide and operations of war	....	....	....	1	—	1
					337	269	606

(3) Principal Causes of Death

Table II

<i>Cause of Death</i>					<i>M.</i>	<i>F.</i>	<i>Total</i>
1	Heart Disease	....	....	....	101	84	185
2	Cancer	....	....	....	47	28	75
3	Vascular Lesions of Nervous System	....	....	....	20	43	63
4	Bronchitis	....	....	....	43	20	63
5	Other Diseases of Circulatory System	....	....	....	13	18	31
6	Pneumonia	....	....	....	17	13	30
7	Accidents	....	....	....	13	9	22
8	Respiratory Tuberculosis	....	....	....	11	4	15
9	Suicide	....	....	....	4	7	11
10	Ulcer of Stomach and Duodenum	....	....	....	8	2	10

(4) Discussion

(a) General

The total number of deaths for 1953 showed a further decrease of 44 as compared with 1952, giving a corresponding rate decrease of 0.66. The death rate per 1,000 population was 9.88, the lowest recorded since 1948, as compared with the rate of 12.2 for the Great Towns and 11.4 for England and Wales.

(b) Heart Disease

Although there was a decrease of 23 deaths as compared with 1952, heart disease continues to be the greatest cause of death as indicated in Table II.

(c) Cancer

The number of deaths from this disease during the year was 75 as compared with 108 in 1952, a decrease of 33.

In view of the national publicity given to the increase in deaths from cancer of the lung and the possible causes of the disease, it is interesting to note that there were 18 deaths due to cancer of the lung in Dudley during 1953. Deaths from this cause during the previous three years were as follows:

1950	....	....	....	....	7
1951	....	....	....	....	13
1952	....	....	....	....	13

The number of deaths from this cause has more than doubled in three years.

(d) Infant Mortality

The infant mortality rate per 1,000 live births was 36.07 and shows an increase on last year's rate (32.45). It is still much too high and does not compare favourably with the national average rate for England and Wales (26.8) nor with the average rate for the County Boroughs and Great Towns including London (30.8). There were 36 deaths of infants under one year as compared with 33 in 1952.

The following tables classifies the causes of infant deaths during the year:

Respiratory Infections	....	12
Prematurity	....	11
Congenital Malformations	....	3
Meningococcal Infections	....	2
Others	....	8

There are certainly too many deaths from respiratory infection. These deaths are largely preventable but prematurity, the cause of which is obscure and which seems to be very little reduced by the best ante-natal care, is undoubtedly responsible for the increase in the infant mortality rate. In 1951 when the infant mortality rate was the lowest on record there were only four cases of death from prematurity so in this respect there would seem to be an element of chance in the rate for each year. One favourable feature is the continued reduction in the number of deaths from gastro-enteritis and diarrhoea which formerly took a heavy toll of infant lives. The remainder of the deaths were largely non-preventable in the present state of our knowledge of the causes.

(e) The birth-rate, death-rate and analysis of mortality during the year are set out in the following table:

Birth-rate, Death-rate and Analysis of Mortality during the year 1953.

	Birth rate per 1,000 total population		Annual Death-rate per 1,000 Civilian Population								Rate per 1,000 Live Births	
	Live Births	Still Births	All Causes	Pneumonia	Ac. Poliomyelitis and Polioencephalitis	Typhoid and Paratyphoid	Tuberculosis	Whooping Cough	Diphtheria	Influenza	Diarrhoea and Enteritis (Under 2 years)	Total Deaths under 1 year
Dudley	16.09	0.36	9.88	0.49	0.00	0.00	0.28	0.03	0.02	0.15	3.0	36.07
England and Wales	15.5	0.35	11.4	0.55	0.01	0.00	0.20	0.01	0.00	0.16	1.1	26.8
160 County Boroughs and Great Towns, including London	17.0	0.43	12.2	0.59	0.01	0.00	0.24	0.01	0.00	0.15	1.3	30.8
160 Smaller Towns (Resident population 25,000—50,000 at 1951 Census)	15.7	0.34	11.3	0.52	0.01	0.00	0.19	0.00	0.00	0.17	0.9	24.3
London	17.5	0.38	12.5	0.64	0.01	0.00	0.24	0.00	0.00	0.15	1.1	24.8

SECTION B—WATER SUPPLY

The water supply to the County Borough of Dudley is derived from six pumping stations situated outside the Authority's boundaries, chlorination being practised in all cases.

During 1953, 712 samples of the chlorinated water were examined, 2 of which contained non-faecal coliform bacteria. Samples of the water prior to chlorination are not obtainable at two of the stations pumping underground water, but from the other three, 206 samples were all free from coliform bacteria.

310 samples of a supply of surface origin were also examined before treatment, and these gave an approximate average coliform bacteria content of 126 per 100 ml.

Samples were examined within the County Borough from:

Cawney Hill Reservoir No. 1

Cawney Hill Reservoir No. 2

Shavers End Reservoir No. 1

Shavers End Reservoir No. 2

Springsmire Reservoir

and from—

Waterman's House, Dudley

Waterman's House, Netherton

115 samples were examined from the service reservoirs, 2 of which contained coliform bacteria, one confirming faecal Bact. coli. 24 samples from the Waterman's houses were all free from coliform bacteria.

The average chemical results of the tap samples from Dudley and Netherton for 1953 were:

	<i>Dudley</i>	<i>Netherton</i>
pH	7.1	7.1
Alkalinity (CaCO ₃)	96	102
Chlorides (Cl)	35.0	35.1
Ammoniacal Nitrogen (N)	Trace	Trace
Albuminoid Nitrogen (N)	Trace	Trace
Oxidised Nitrogen (N)	3.0	2.9
Oxygen absorbed ....	.12	.12
Temporary Hardness	90	95
Permanent Hardness	80	80
Total Hardness	170	175
Iron (Fe) ....	.04	.02
Manganese (Mn)	Nil	Nil
Poisonous Metals (Cu & Pb)	Nil	Nil

The waters were not liable to plumbo-solvency, 24 samples from Dudley and Netherton being all free from any detectable quantity of lead.

Chlorination is practised at the pumping stations as a precautionary measure.

In cases of possible contamination in the event of burst or damaged mains, emptying reservoirs, etc., emergency chlorination is performed. Special apparatus and staff are available for this work. New mains, etc., are not brought into use until the water has been examined and pronounced satisfactory.

SECTION C—INFECTIOUS DISEASE

(a) General Incidence

The following table gives the incidence of the principal notifiable diseases during the year:

				<i>Numbers originally notified</i>		<i>Final Numbers after correction</i>	
				<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Scarlet Fever	....	....	....	17	20	17	19
Diphtheria	....	....	....	14	9	7	3
Whooping Cough	....	....	....	64	107	64	106
Measles	....	....	....	465	396	464	391
Pneumonia	....	....	....	21	18	21	17
Enteric or Typhoid Fever	....	....	....	—	—	—	—
Erysipelas	....	....	....	—	2	—	2
Dysentery	....	....	....	3	1	3	1
Puerperal Pyrexia	....	....	....	—	—	—	—
Ophthalmia Neonatorum	....	....	....	—	—	—	—
Anterior Poliomyelitis:							
Paralytic	....	....	....	—	1	—	1
Non-Paralytic	....	....	....	—	—	—	—
Meningococcal Infection	....	....	....	2	2	1	2

(b) Whooping Cough

There was a reduction in the number of cases of whooping cough during the year from 191 in 1952 to 170 in 1953 but there were again two deaths from the disease. As forecast in my report last year we have now introduced protective inoculation against whooping cough in our clinics and so far the response by parents has been encouraging. It is too early yet to give reliable results but of the total number of children protected to date only one has developed the disease and that only in a very mild form, so that the indications are that we will be able to reduce the incidence provided we have the full co-operation of the parents. It is not generally realised by parents that whooping cough is one of the commonest causes of death in infants under one year and parents are well advised to take the opportunity of protecting their children. The two deaths recorded during the year were both in children under one year of age.

(c) Measles

There was a considerable increase in the incidence of measles during the year but it is a disease which generally runs in two-year cycles and the incidence in 1952 was very low. There were two deaths from the disease.

(d) Other Infectious Diseases

The incidence of Scarlet Fever dropped by half during the year as compared with 1952. There were no deaths from the disease. There was one notified case of Infantile Paralysis.

(e) **Dysentery**

There was a small outbreak of dysentery during the year involving two families. The first case was a baby admitted to hospital for a mastoid operation and a few days after the operation was found to be suffering from dysentery. The usual precautions were taken and contacts in the house examined and also in the adjoining house as both houses had a common yard sharing amenities such as lavatory, washing facilities and water supply. Examination of contacts proved negative but a few weeks later a child was admitted to hospital from the second house with a diagnosis of appendicitis. She was found to be suffering from dysentery. Contacts were again examined and two more cases were found in the second house. Both were young children. It was then found that one of these children had been discharged from hospital eight weeks previously, having been admitted with whooping cough, and the mother volunteered the information that this child had suffered from intermittent attacks of diarrhoea since discharge. As the type of dysentery (Sonne) was the same in all the cases it is probable that this child was the original case and started the outbreak. No further cases occurred.

(f) **Diphtheria**

It is disturbing to report that there were ten notified cases of diphtheria in 1953 as against three in 1952, although two of the ten cases were notified as carriers who were not actually suffering from the disease. I think this increase is an object lesson in preventive medicine as two families were responsible for six of these cases, none of which should ever have occurred. The story of the two families is as follows:

The first family lived in another Authority and consisted of father, mother and two children. The mother and one child were admitted hospital with diphtheria. The father then closed the house and came with the other child to live with relatives in Dudley. Shortly afterwards a case of diphtheria was notified from this house and investigations subsequently carried out showed that the father was an active carrier of the disease.

The second family presents a somewhat similar picture. A mother and daughter again living in another Authority were admitted to hospital with diphtheria. Before admission the daughter had been attending a Dudley school. A Dudley girl in this school subsequently developed diphtheria. She had not been immunised and came from a house in which there were ten other children, not one of whom had been immunised. A further three cases were subsequently admitted to hospital from this house.

Before immunisation was started these two incidents would probably have started an epidemic. Only the present level of diphtheria immunisation prevented this, but the level is not nearly high enough and, as I said in my report last year, it is falling, not only in Dudley, but throughout the country. Increased efforts have been made to make parents aware of the need to have their children protected in infancy and again when they enter school, and I appeal to all parents in Dudley to take heed of the warning. It is only right that parents should want to

protect their children against a deadly disease which we know to be preventable. It is also their responsibility to protect their children, and in doing so, protect others.

(g) **Tuberculosis**

One of the most important events in the health services of the town took place during the year with the setting up in Dudley of a permanent Mass Radiography Unit. As a result it has been possible to extend considerably the scope of the tuberculosis service, working in close co-operation with the Chest Physician and the Director of the Mass Radiography Unit, which is housed in Council premises adjoining the Health Department. Mass Radiography is an invaluable diagnostic aid in the detection of unsuspected cases of tuberculosis and already it is being widely used in the town. This service now covers all children entering school and their families, all expectant mothers attending ante-natal clinics and all school leavers, whose final medical examination includes a chest X-ray by the Unit. For further information on the tuberculosis service in school children I would refer the reader to the appropriate section of the report on the School Health Service, in particular to the information concerning the introduction of vaccination of school leavers against tuberculosis.

Last year I was able to report that the death rate from tuberculosis in the town had been reduced by half. This year the number of deaths from the disease (17) is exactly the same as last year so that the improvement in this respect has been maintained. There has moreover been a reduction in the number of deaths from the respiratory type of the disease. The reduction in the death rate has been largely due to the improvement in methods of treatment and our main concern now in the preventive medical services is to see a reduction in the number of new cases notified each year. It must be remembered that a reduction in the death rate without a corresponding reduction in the number of new cases means that the tuberculous patient is living longer and that the tuberculous population is increasing. Our aim must be to eradicate the disease by the prevention of new cases and with the tools now available this is not an impossible task. In Dudley during 1953 there were 91 new cases notified as compared with 90 in 1952 so that there has been no appreciable increase in the incidence of the disease in the town.

The fact that there has as yet been no reduction is not discouraging in view of the increase in the numbers X-rayed, both at the Tuberculosis Clinic and by the Mass Radiography Unit.

The outlook in tuberculosis is more hopeful that it has ever been before and with the ideal combination of the preventive and curative services, such as we have in Dudley, I have great hopes for the future. I would like to acknowledge the co-operation and very helpful advice I receive at all times from Dr. A. W. B. MacDonald, Chest Physician in charge of the Dudley Tuberculosis Clinic, and Dr. R. J. Posner, Medical Director of the Mass Radiography Unit.

The number of persons on the register at 31st December, 1953 was:
Pulmonary—454, Non-Pulmonary—63, Total—517.

The number of notifications and deaths from Pulmonary and Non-Pulmonary Tuberculosis according to age groups is set out below. Notifications are placed first.

NOTIFICATIONS AND DEATHS

Age Groups	0-1		1-5		5-15		15-45		45-65		65 & over		Total all ages		
Pulmonary	<i>N</i>	<i>D</i>	<i>N</i>	<i>D</i>	<i>N</i>	<i>D</i>	<i>N</i>	<i>D</i>	<i>N</i>	<i>D</i>	<i>N</i>	<i>D</i>	<i>N</i>	<i>D</i>	
Male	....	1	-	1	-	6	-	24	1	19	11	1	-	52	12
Female	....	1	-	2	-	6	1	23	2	3	2	-	-	35	5
Non-Pulmonary															
Male	....	-	-	1	-	-	-	1	-	-	-	-	-	2	-
Female	....	-	-	-	-	1	-	1	-	-	-	-	-	2	-

(h) Scabies

The following figures give details of the number of cases dealt with at the Scabies Cleansing Unit, Lister Road Depot, during the year:

- (i) Adults and Adolescents cleansed at Lister Road 11
- (ii) Children (school age or under) cleansed at Lister Road 38

(i) Public Health Laboratory

The Stafford Laboratory continues to be of great assistance to the Health Department in the investigation of all types of infectious disease.

(j) Food Poisoning

There were no cases of food poisoning notified during 1953.

(k) Venereal Disease

Treatment of Venereal Disease is under the direction of the Hospital Management Committee, and the following is a summary of the services rendered at the Treatment Centre during the year:

SERVICES RENDERED AT TREATMENT CENTRE DURING THE YEAR

Cases dealt with for first time during year:

			West Service					
		Dudley	Worcs.	Staffs.	Brom.	Cases	B'ham	Total
Syphilis	....	10	3	15	4	—	—	32
Soft Chancre	....	1	—	—	—	—	—	1
Gonorrhoea	....	15	14	39	2	1	1	72
Non-Venereal & undiagnosed conditions	....	68	29	137	11	—	2	247
Total	....	94	46	191	17	1	3	352

Total number of attendances of all patients residing in each area.... 2,897 993 4,435 275 5 15 8,620

Cases who ceased to attend before completion of treatment, showing
condition on first attendance

SYPHILIS					GONORRHOEA
<i>Primary</i>	<i>Second- ary</i>	<i>Latent in 1st year of infection</i>	<i>All later Stages</i>	<i>Con- genital</i>	
<i>M. F.</i> — —	<i>M. F.</i> — —	<i>M. F.</i> — —	<i>M. F.</i> — —	<i>M. F.</i> 1 2	
					<i>M. F.</i> — —

Pathological Work

No. of specimens examined at V.D. Clinic	MICROSCOPICAL		
	<i>Syphilis</i>	<i>Gonorrhoea</i>	
	116	437	
No. of specimens examined an approved laboratory	SERUM		
	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Cerebro- spinal fluid</i>
	2,910	561	10

One patient was admitted for in-patient treatment.

SECTION D — PARTS III AND V — NATIONAL HEALTH SERVICE ACT, 1946

SERVICES IN 1953

Clinics

Plans for the new clinic in the Woodside area have now been agreed by the Ministry of Health and at the time of writing building has been commenced. The new clinic will fill a long felt need in this area and will replace the inadequate facilities at present existing. It will be ideally placed to serve not only the Woodside area but also the adjacent area of future development on the Russells Hall Estate.

The following clinic sessions are conducted in the Borough:

TREATMENT CENTRES AND CLINICS

Infant Welfare sessions are held each week as follows:

Central Clinic, Hall Street, Dudley, on Tuesday and Friday afternoons.

Netherton Clinic, Brewery Street, on Tuesday and Friday afternoons.

Holly Hall Clinic, Public Library, on Monday afternoons.

Priory Clinic, Cedar Road, on Tuesday and Thursday afternoons.

Dudley Wood Clinic, on Monday and Friday afternoons.

Ante-Natal Clinics are held each week as follows:

Central Clinic on Thursday afternoon.

Priory Clinic on Wednesday afternoon.

Netherton Clinic on Monday afternoon.

Holly Hall Clinic on Thursday afternoon.

Dudley Wood Clinic on Wednesday afternoon.

Minor Ailment Clinics are held each week-day morning at the following Clinics:

Central Clinic

Netherton Clinic

Priory Clinic

Holly Hall Clinic

Dudley Wood Clinic

Ear, Nose and Throat Clinic on Saturday morning.

Ophthalmic Clinics on Wednesday morning and afternoon and Thursday morning.

Massage Clinics daily.

Artificial Sunlight Clinics on Monday, Wednesday and Thursday.

Orthopaedic Clinic on Friday.

Dental Clinics are held at the Central, Dudley Wood, Netherton, and Priory Clinics.

Paediatric Clinic once fortnightly on Friday afternoon.

Obstetric Clinic once monthly on Monday.

Care of Mothers and Young Children

Maternity Clinics

Child Welfare Clinics

There have been satisfactory attendances at both Maternity and Child Welfare sessions; the following table shows attendances as compared with 1952.

				<i>Expectant Mothers attending</i>		<i>Total Attendances</i>	
				1953	1952	1953	1952
(a)	Ante-natal	....	....	303	388	1,514	2,033
(b)	Post-natal	....	....	41	83	48	97
(c)	Child Welfare:						
	Children under 1 year	....	....	....	....	11,868	11,452
	Children between 1 and 5 years	....	....	....	....	7,616	3,798
						19,484	15,250

I would like to take this opportunity of expressing my thanks to the ladies of the Voluntary Committees at Clinics for the services they have given to the mothers and children during the year.

Orthopaedic Clinic

The Orthopaedic Clinic, under the direction of Mr. A. M. Hendry, continues to give efficient service. Although the Regional Hospital Board is responsible for the Specialist Clinic, the Council continues to make its premises at the Central Clinic available for this service. The following figures for 1953 will serve as an indication of the work done.

Orthopaedic Treatment Attendances	....	....	506
Massage Attendances	....	....	301
Ultra Violet Ray Clinic Attendances	....	....	1,182

Dental

As I forecast last year we have once again lost ground in the dental service due to staff difficulties, and this is reflected in statistics given below. However, at the moment the position has again improved and we have two full-time and one part-time dentists, and I can only express the hope that we can look forward to a period of more continuity of work and less staffing upsets.

Mothers referred	....	....	....	....	55	
Mothers subsequent appointments	....	....	....	....	110	
Ante-natals, referred	....	....	....	....	56	
Ante-natals, subsequent appointments	....	....	....	....	62	
					<hr/>	
Total Attendances (a)	....	....	....	....		283
Pre-school children, referred	....	....	....	....	207	
Pre-school children, subsequent appointments	....	....	....	....	29	
					<hr/>	
Total Attendances (b)	....	....	....	....		236
					<hr/>	
Total (a) and (b)	....	....	....	....		519
					<hr/>	

Treatment

Fillings: Permanent	....	....	....	....	72	
Temporary	....	....	....	....	21	
					<hr/>	
Total	....	....	....	....		93
Extractions: Permanent	....	....	....	....	204	
Temporary	....	....	....	....	212	
					<hr/>	
Total	....	....	....	....		416
Other Operations: Permanent	....	....	....	....	184	
Temporary	....	....	....	....	73	
					<hr/>	
Total	....	....	....	....		257
No. of administrations of nitrous-oxide for extraction	....	....	....	....		198

Midwifery

The total number of births (live and still) was 1,039, of which 533 occurred at home and 506 at nearby Maternity Homes and Hospitals. Of the Institutional confinements 325 took place in the Rosemary Ednam Maternity Home.

It will be noted that 533, i.e. 51 % of the total number of births in the town took place at home. The percentage of domiciliary confinements in 1952 was 49.6.

In the case of domiciliary confinements 247 were attended by midwives alone, and in 286 cases a doctor also attended. In 90 cases Medical Aid was sent for, a percentage of 16.8 as against 31.5 in 1952.

The medical aid cases may be analysed as follows:

On Account of Mother:

Torn perineum	....	....	....	....	26
Delayed Labour	....	....	....	....	7
Inertia	....	....	....	....	1
Abortion	....	....	....	....	3
Ante-partum haemorrhage	....	....	....	....	2
Post-partum haemorrhage	....	....	....	....	3
Adherent Placenta	....	....	....	....	1
Rise of temperature	....	....	....	....	3
Haemorrhage	....	....	....	....	1
Pyrexia	....	....	....	....	1
Malpresentation	....	....	....	....	1
Other conditions	....	....	....	....	23
					<hr/>
					72
					<hr/>

On Account of Baby

Prematurity	....	....	....	....	4
Discharging Eyes	....	....	....	....	7
Other conditions	....	....	....	....	7
					<hr/>
					18
					<hr/>

The Council has a staff of Municipal Midwives sufficient to meet the needs of the Borough, and the service works smoothly and efficiently.

Gas and Air

During the year gas and air analgesia was called for in 227 cases.

Premature Baby Service.

This service continues to serve a useful purpose in the care of premature infants.

Health Visiting

I am happy to be able to report an improvement in the numbers of health visiting staff. During the year there was one resignation but we were able to recruit three full-time qualified health visitors and two students. We are, therefore, in a much more favourable position than last year when the health visiting staff was reduced by 50% of establishment. I hope this state of affairs will continue, but it would be unwise to be too optimistic and we are certainly more favourably placed than many other Authorities.

The health visiting difficulties of many Local Health Authorities is well described in a recent publication which I will quote without

revealing the name of the Authority concerned. It is an industrial County Borough not dissimilar to Dudley, and indeed the description exactly portrays our own experiences.

“During the last four years a few of the health visitors who left the Department were due for retirement. But the great majority left after fairly brief periods of service. Half of these gave up the work altogether, usually to get married and look after their own families; but the rest, who continued to work as health visitors, all joined the staff of a neighbouring county authority. The resulting distribution of skill and experience is absurd. But little can be done about it until the authorities offering the most difficult work are permitted to offer the highest salaries. This might enable cities like ‘X’ to attract and hold the experienced workers they so urgently need. At present, salary scales are uniform throughout the country. ‘X’ therefore has to spend a large sum on the salary, lecture fees, and examination fees of each recruit during her period of training, knowing that in many cases the dividends from this investment will eventually be reaped by other authorities.

This is not a problem that appears only among health visitors. There is evidence that every social service, as it grows to cover the whole nation, must rely more on people who have families and careers to consider and less on those whose social conscience is their chief motive. The most competent workers are thus drawn to those areas which, just because they offer attractive conditions of work, may have the least need of the service.”

The number of health visitors on the establishment of this Authority as at 31st December, 1953 was 13, categorised as follows:

- 9 qualified health visitors (full-time).
- 2 qualified health visitors (part-time).
- 2 student health visitors.

The total number of visits by health visitors during the year was 17,434, as against 18,305 in 1952.

Visits to children under 1 year:

(a) First Visits	....	....	....	....	1,067
(b) Total Visits	7,588

Visits to children between 1 and 5 years

Ante-natal Visits	77
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Stillbirth Investigations

Infant Death Visits	23
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Ophthalmia Neonatorum	36
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Miscellaneous Visits	—
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	1,388
--	------	------	------	------	-------

Home Nursing

This service is provided on the Council's behalf by the Badley and District Nursing Association under the supervision of the Matron, Miss Darby. The service is still fulfilling the important task of nursing patients in their own homes and so avoiding the necessity of admission to hospital thereby saving hospital beds for more urgent cases. The scope of the work of this service is increasing from year to year and is

now coming to be recognised as a very necessary part of the National Health Service both from the point of view of the welfare of the patient and for obvious economic reasons.

The following figures show the work done during the period 1st January to 31st December, 1953, as compared with the same period in 1952.

				1953	1952
New Patients	....	....	....	464	356
Old Patients	....	....	....	849	533
Casual Visits	....	....	....	88	80
Total visits all patients	....	....	....	13,385	13,286

Vaccination and Immunisation

The vaccination rate in the town is even more unsatisfactory than last year, when only 11.5% of children under one year had been vaccinated. The rate for 1953 was 9.4%. It may be that Dudley parents are more resistant to vaccination than those in other areas but the fact remains that Dudley has the lowest vaccination rate of all the Midland Counties and County Boroughs, and this in spite of constant persuasion by the medical and nursing staff of the Department. Also a letter, strongly advising vaccination, is sent to the parent of every child when it is six weeks old. It is hoped by means of this letter to stimulate parents to take the very necessary advice offered.

I have already stressed the need for an increase in the immunisation rate in children under five years of age. This rate has been showing a decline during the last few years and is now well below the recognised safety level. During the year three children under five years were notified as suffering from diphtheria. None of them had been immunised. Parents would be well advised to recognise how these numbers are likely to increase as the infant rate of immunisation falls, a fact which is being repeatedly brought to their notice on every possible occasion. The figures for the year are as follows:

	<i>Immunised during year</i>	<i>Total now protected</i>	<i>Population est.</i>	<i>Percentage now protected</i>
Children under 5	552	1,706	4,800	35.5

Ambulance Service

The following is a summary of the work of the Ambulances and Sitting-Case Cars for the period 1st January to 31st December, 1953:

	<i>Ambulances</i>	<i>Sitting Case Cars</i>
No. of vehicles at 31st December, 1953....	6	4
Total number of journeys	3,134	4,340
Total number of accident or other emergency calls included in above	1,014	46
Total number of patients carried	6,147	9,954
Total mileage	36,490	61,712

Care and After-Care Service

Statistics relating to the above service show that more patients took advantage of the facilities provided during 1953, although the majority of persons assisted are those suffering from tuberculosis.

Sick room equipment of various forms including wheels chairs, beds, bedding, pyjamas, etc., were supplied to 172 patients. In addition, arrangements were made in 87 cases for extra milk to be delivered, charges being made in accordance with the Council's scale. Eight patients purchased materials for occupational therapy from stocks held within the Department. My thanks are again due to the National Assistance Board for their valuable co-operation; to the Rehabilitation Centre of the Ministry of Labour for their invaluable assistance in helping to relieve one of the greatest difficulties, which is that of finding suitable employment for those patients sufficiently recovered, and to all the voluntary organisations.

Other statistics relating to the service are as follows:

No. of patients interviewed at the office	429
No. of patients visited at home	701
No. of patients visited in hospitals	26

Arrangements were also made under this Section for 12 patients to proceed on recuperative holidays by the sea. In each case a recommendation was made by the family doctor and accommodation arrangements, usually for two weeks, were made by this Authority. Charges for these holidays are made to patients in accordance with the Council's scale.

Domestic Help Service

This service continues to expand but, as I stated in my report last year, it is becoming increasingly a service for the aged and infirm with consequent increase in cost to the Local Authority. The majority of old people who use the service are old age pensioners who have the facilities provided free of charge or at a very small cost while those who would be able to pay for the service make little use of it. This is shown by the statistics for the year.

The number of cases attended by domestic helps during the year rose from 92 in 1952 to 136 in 1953, but of those only 17 were maternity cases and five tuberculous. The remainder were largely aged and infirm persons paying the minimum charge or receiving the service free.

There is no doubt as to the need for the service. It is serving a very useful purpose and is keeping at home old people who might otherwise be admitted to a hospital or an old peoples' home at much greater cost to the State than the cost of a domestic help.

The service is at the moment under review by the Council.

Mental Health Service

The administration of the Local Authority Mental Health Service is the responsibility of the Health Committee with delegation to the Mental Health Sub-Committee. Three of the Council's Medical Officers hold the necessary qualification to examine children for the purpose of ascertainment under the Education Act, 1944, for subsequent report if necessary to the Local Health Authority. The Mental Health Officer is responsible for the visitation, supervision and care of patients discharged from hospital, and other patients requiring care and attention. He is also a Duly Authorised Officer and Petitioning Officer for the Borough. Visitation and supervision is also done by the Supervisor of the Occupation Centre who is able to give help and guidance in the homes of those defectives who are unable to attend at the Centre. In the administration of the Mental Health Services the Mental Health Officer keeps a close liaison with the mental hospital and the general practitioner so that all the facilities of the National Health Service are available to those in need of them. Unfortunately, our chief difficulty is the lack of sufficient beds in mental hospitals and until this can be remedied, our Mental Health Service cannot meet all our requirements.

The Occupation Centre continues to provide an excellent service under the Supervisor and her staff, and parents repeatedly express their appreciation of the good work done there. The Parents' Association has continued to meet during the year and is now an active and enthusiastic body and takes a great interest in the activities of the Centre. They work in close association with the Voluntary Committee who for so many years have done so much for the Centre and to whom once again I would express my gratitude and hope that they will long continue to work with us.

The following statistics relate to the work of the Mental Health Service in the community.

LUNACY AND MENTAL TREATMENT ACTS, 1890-1930

Details of Patients admitted under Lunacy Acts:

<i>Method of Admission</i>		<i>Hospital</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Section 20 L.A. 1890	....	Burton Road, Dudley	13	5	18
Section 21 L.A. 1890	....		—	—	—
Section 16 L.A. 1890	....	Barnsley Hall, Broms-			
		grove	17	6	23
		St. George's, Stafford	1	2	3

Details of Patients admitted under Mental Treatment Act:

Section 1 M.T.A. 1930	....	Barnsley Hall, Broms-			
		grove	18	16	34
		St. George's, Stafford	1	1	2
		Powick, Worcester	1	—	1
Section 5 M.T.A. 1930	Barnsley Hall, Broms-			
		grove	1	—	1

Patients Investigated but no action taken	20	19	39
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Details of Patients discharged from Hospitals

		<i>Admitted</i>			
Section 16 L.A.	Barnsley Hall,	Pre 1953	—	1	1
	Bromsgrove	1953	7	2	9
	St. George's,	Pre 1953	—	1	1
	Stafford	1953	—	1	1
Section 1 M.T.A. 1930	Barnsley Hall,	Pre 1953	2	3	5
	Bromsgrove	1953	14	9	23
Section 5 M.T.A. 1930	Barnsley Hall,				
	Bromsgrove	1953	1	—	1

MENTAL DEFICIENCY ACTS, 1913-1938

				<i>Total cases on Authority's registers as at 1st January, 1954</i>			
<i>During 1953</i>							
<i>Under age 16</i>		<i>Aged 16 and over</i>		<i>Under age 16</i>		<i>Aged 16 and over</i>	
<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
1. <i>Particulars of cases reported during 1953:</i>							
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with".							
Action taken on reports by:							
(i) Local Education Authorities on children							
(1) While at school or liable to attend school							
		1	1	—	—		
(2) On leaving special schools							
		—	—	—	2		
(3) On leaving ordinary schools							
		2	—	—	—		
(ii) Police or by Courts							
		—	—	—	—		
(iii) Other sources							
		—	—	—	—		
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground							
		—	—	—	—		
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)							
		—	—	—	—		
Total number of cases reported during the year				3	1	—	2

				<i>Total cases on Authority's registers as at 1st January, 1954</i>			
<i>During 1953</i>							
<i>Under age 16</i>		<i>Aged 16 and over</i>		<i>Under age 16</i>		<i>Aged 16 and over</i>	
<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>

2. Disposal of cases:

(a) Of the cases ascertained to be defectives "subject to be dealt with" number							
(i) Placed under Statutory Supervision	3	1	—	2	18	15	30 36
(ii) Placed under Guardianship	—	—	—	—	—	—	1 —
(iii) Taken to "Places of Safety"	—	—	—	—	—	—	— —
(iv) Admitted to Institutions	—	—	—	—	2	4	35 32
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number							
(i) Placed under Voluntary Supervision	—	—	—	—	—	—	5 8
(ii) Action unnecessary	—	—	—	—	—	—	— —
Total of item 2	3	1	—	2	20	19	71 76

3. Classification of defectives in the Community on 1st January, 1954

(a) Cases included in item 2(a)(i) to (iii) in need of institutional care—							
(1) In urgent need of institutional care—							
(i) "cot and chair" cases	—	—	—	—	—	—	—
(ii) ambulant low grade cases	—	2	—	—	—	—	—
(iii) medium grade cases	—	—	—	—	—	—	—
(iv) high grade cases	—	—	—	—	—	—	—
(2) Not in urgent need of institutional care—							
(i) "cot and chair" cases	—	—	—	—	—	—	1
(ii) ambulant low grade cases	4	—	1	—	—	—	—
(iii) medium grade cases	—	—	—	—	—	—	—
(iv) high grade cases	—	—	—	—	—	—	—
Total of item 3(a)	4	2	1	1	—	—	—

				<i>Under age 16</i>		<i>Aged 16 and over</i>	
				<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
(b) Of the cases included in items 2(a)(i) and (ii) and 2(b)(i), number considered suitable for:							
(i) occupation centre	....	....	....	10	8	3	16
(ii) industrial centre	....	....	....	—	—	—	—
(iii) home training	....	....	....	—	—	—	—
Total of item 3(b)	....	....	....	10	8	3	16

(c) Of the cases included in item 3(b) number receiving training on 1st January, 1954

(i) in occupation centre	....	....	....	10	6	1	16
(ii) in industrial centre	....	....	....	—	—	—	—
(iii) at home	....	....	....	—	—	—	—
Total of item 3(c)	....	....	....	10	6	1	16

4. *Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1953, who have ceased to be under any of these forms of care during 1953.*

				<i>M.</i>	<i>F.</i>	<i>Total</i>
(a) Ceased to be under care	....	....	....	2	—	2
(b) Died, removed from area, or lost sight of	....			—	2	2
Total	....	....	....	2	2	4

5. *Of the total number of Mental Defectives under Supervision or Guardianship or no longer under care:*

(a) Number who have given birth to children while unmarried during 1953 Nil.

	<i>Males</i>	<i>Females</i>
(b) Number who have married during 1953	Nil.	Nil.

ANNUAL REPORT OF THE CHIEF WELFARE OFFICER

To the Chairman and Members of the Welfare Committee

Mr. Chairman, Ladies and Gentlemen,

The Welfare Department was set up in 1948 under the National Assistance Act and although young in years, is now firmly established among the Local Authority services. Much has been achieved in five years, especially in the establishment of old peoples' homes in the Borough and in other services for old people and handicapped persons. Much of the work concerns the care of the aged and although much has been done a great deal more still remains to be done. The extent of the task may be put very simply as follows:

Population of the country over 65 years of age in	
1851	1 million
Population of the country over 65 years of age in	
1951	5½ million
Estimated population of country over 65 years of	
age in 1977	7½-8 million

The age to which we live nowadays is a tribute to the success of our health services but it is clear that success in one field brings problems in another. A glance at the increase in the population of aged people, both real and estimated, over the last 100 years shows that this problem is going to increase, rather than diminish. It is our duty to be aware of this problem and to devise measures to deal with it.

"Albert House" has fulfilled all our expectations and "The Woodlands", another Old Persons' Home, to be opened during 1954 will go a long way to meet our need for further accommodation. But it is not our primary task to build bigger and better residential Homes for old people. It is our main duty to provide the means whereby our old people can lead an independent, useful and happy existence in their own homes. The very best residential accommodation, and that is what we are providing in Dudley, however good it may be, is no substitute for a home of one's own and that is not the prerogative or privilege of young people alone. Old people just as much as the young, like to feel independent and they should be encouraged to do so as long as they are physically capable of the effort.

There is a need in this country for a much greater awareness of the ever increasing problem of our ageing population and let it not be thought that the problem can be solved by material and financial benefits alone. We have in the Welfare Department, a register showing the names of nearly 1,000 old people in the town who are living alone. We have, as a Council, a statutory duty to assist these old people if they need our help, but that is not enough. The greatest hardship of the old person living alone is loneliness and that is a problem which cannot be solved by a statutory duty. We want a very large measure of voluntary service; we want people who, out of the kindness of their hearts, will work with us and visit these old folks in their homes if only to let them see that they are not forgotten. As an example of this kind of service, I would pay tribute to the work being done by the

Dudley Old People's Welfare Association, The Women's Voluntary Service, and the Ladies of the Inner Wheel. But we want a lot more, and I would appeal to individuals and organisations to think about this very deserving and satisfying service to the community. Let us not forget that many old people have their own families who should, and do, help to look after them but let us also remember that the help that those families can give is often limited by their own inadequate housing accommodation.

The greatest need for old people in Dudley at the moment is the provision of old peoples' bungalows. It would not be an exaggeration to say that we need a hundred such dwellings. But that I am afraid is a pious hope. It is not only a case of bricks and mortar, it is also a question of sufficient building space in the Borough. And so we may yet have to consider the provision of a third old peoples' home in Dudley, and should it prove necessary I am confident it will be provided.

There is one other point I would like to make in connection with old people. One hears a lot these days about old people dying at home because a bed cannot be found for them in hospital. This has not been our experience in Dudley. I cannot recall ever being refused a bed for an urgent case at Burton Road Hospital and I would like to pay tribute to the co-operation and consideration I have always received from the Matron and her staff.

In conclusion I would like to thank the members of the Welfare Committee, in particular, the Chairman, Councillor G. B. Norton, for the assistance and encouragement I have always received in carrying out my duties as Chief Welfare Officer. Also I must record my appreciation of the services of the Assistant Welfare Officer, Mr. A. J. Ward, who has done so much to bring our welfare services to their present high standard.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

T. O. P. D. LAWSON,

Chief Welfare Officer.

NATIONAL ASSISTANCE ACT, 1948

Residential Accommodation

Much has been done since the "Appointed Day" in the way of development of the Welfare Services in the Borough. This Authority in 1948 had not any provision within the Borough for accommodation, and arrangements existed with the County Borough of Wolverhampton, for the reception of Dudley residents in "The Poplars" and "Bromley House". This arrangement continues, but since the opening of "Albert House", the first of the Borough's Aged Persons' Homes, transfers have taken place and the residents maintained at "The Poplars" have decreased.

"Albert House" has operated smoothly and efficiently and there still exists a long waiting list of Dudley residents who wish to enter the Home. I would like to thank the Voluntary Associations and individuals who have visited the Home and contributed so much to the happiness of the residents.

Work commenced in the Spring of this year on "The Woodlands", the second of the Borough's Aged Persons' Homes, and it is anticipated that the building will be ready for occupation in June, 1954.

As will be seen from the Table below, there has been a slight increase in the number of residents during the year, largely due to the opening of "Albert House".

	<i>No. of Residents 1st January, 1953</i>	<i>Admissions</i>	<i>Discharges</i>	<i>Deaths</i>	<i>No. of Residents 31st December, 1953</i>
"Albert House", Dudley ..	19	4	4	1	18
"The Poplars", W'hampton ..	45	15	11	1	48
"The Haven", Scarborough	1	—	—	—	1
Home for Deaf, Malvern ..	2	2	2	—	2
David Lewis Manchester Epileptic Colony ..	—	1	1	—	—
Total ..	67	22	18	2	69

Temporary Accommodation

During the year many applications were received for the provision of temporary accommodation, but in the main such cases were in fact requiring housing accommodation. One case only was admitted for a short period to "The Poplars", Wolverhampton, and the remaining applicants secured alternative accommodation.

Burials

During the year this Department took action under Section 50 for the burial of four Dudley residents.

Temporary Protection of Property

Action under Section 48 for the protection of property was taken in eight cases, either where persons were admitted to residential accommodation, hospitals, or where burials had been carried out under Section 50.

“Meals on Wheels” Service

The above service is operating successfully and during the year the Women’s Voluntary Service delivered 2,897 meals to Dudley residents in their own homes.

Welfare of the Deaf

The Home for the Deaf, Malvern, which was opened in May, 1951, has proved quite a successful venture for the Worcestershire and Herefordshire Association for the Deaf. Two residents were admitted for the Borough during the year.

This Authority is fortunate in having a Social Centre in the Borough to which much has been done in the way of additional building and alteration. A church was built in the grounds at the rear of the building and every facility is available in the way of entertainment. The deaf have contributed and made every effort to ensure the success of this Centre and every assistance has been given by the Missioner, the Reverend Leslie Crellin. The Worcestershire and Herefordshire Association for the Deaf act as Agents for the Council in the provision of welfare services for the deaf.

At the time of this report 64 residents were entered in the Register.

Welfare of the Blind

There were 110 Dudley residents entered in the register at the 31st December, 1953, and shown under the following headings:

Employed	....	....	....	....	....	....	20
Unemployable	....	....	....	....	....	....	83
Children	....	....	....	....	....	....	7

The following table gives details of cases registered during the year:

(i) Number of cases registered during the year in respect of which para. (7c) of Forms B.D.8. recommends: (a) No treatment (b) Treatment (medical surgical or optical) ..	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	2	2	—	5
(b) Treatment (medical surgical or optical) ..	1	—	—	—
(ii) Number of cases at (i)(b) above which on follow-up action have received treatment	—	—	—	1

There were no cases of ophthalmia neonatorum during 1953.

Other Handicapped Persons

In view of the Minister of Health's outline Schemes in Circular 32/51 dated 28th August, 1951, a survey was made in the Borough to find the extent of need for such a scheme. Many visits have been made to handicapped persons and applications are still being received in the Welfare Department. It is not possible at this stage to give a true figure, but at the 31st December, 1953, register totals remain as follows:

- Group A 69 persons capable of work under ordinary industrial conditions.
- Group B 19 persons who are mobile and capable of work in sheltered workshops.
- Group C 26 persons who are capable of work at home.
- Group D 9 persons who are incapable of, or not available for, work.
- Group E 2 children under the age of sixteen years.

Welfare of the Aged in their own Homes

Visits continue to be made by members of the Welfare Department to aged persons in their own homes, and at the 31st December, 1953, 1,500 such visits had been made. It is interesting to note that only 160 cases were recorded in January, 1951, and by December, 1953, the figure had risen to 980.

In addition to routine visitation, approximately 400 other visits were made to old people to assist them with applications for residential accommodation, contacting relatives in case of sickness and to help them with their private affairs.

There is in this connection, every co-operation from Medical Practitioners in the Borough, the Women's Voluntary Service, Local Old People's Welfare Committee and residents who are neighbours of aged people.

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

*To The Chairman and Members of the
School Medical and Attendance Sub-Committee.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the School Health Service for 1953.

I reported last year that the general health of the school children of the Borough gave every cause for satisfaction and judging by the same statistical assessment of nutritional standards, the position this year is exactly the same. Only a small percentage of the school population is below the normal standard of nutrition. This small percentage can be reduced. I am fairly confident it will not be increased.

There has again been no serious outbreak of infectious disease in the schools during the year but I must draw attention to an increase in the number of cases of diphtheria among school children. Last year there were only two notified cases. During 1953 there were five. This may appear to be a small increase but it does not give the whole story because this small increase has been accompanied by an increase in the total number of notifications throughout the town. There is no reason why any school child in Dudley should suffer from diphtheria. The sure means of prevention is available to all and we must ensure that the maximum number of children is protected. Measures already taken to increase the rate of immunisation will be described in a later section of this report.

Following a visit last year by a Mass Radiography Unit considerable progress has been made in our measures to protect children against tuberculosis. During the year a Mass Radiography Unit was established, with permanent headquarters in Dudley, and as a result there has been a very welcome development in the tuberculosis services. An account of the new services will be found in the appropriate section of the report.

The infestation rate has once again been maintained at the same level as last year. We seem to have reached the hard core of the problem and we are now endeavouring to penetrate it. Generally speaking we know where the trouble lies and we have the remedy but its application is some cases is far from easy. However, we have seen a considerable improvement during recent years and it is being steadily maintained.

Unfortunately we had another setback in our school dental service during the year, and this is reflected in the number of children inspected and treated. We started the year with one full-time and a part-time dentist doing four sessions per week. Our part-time dentist left during the year and so for a part of 1953 we were reduced to one full-time dental officer. Fortunately at the moment of writing we have obtained the services of another full-time and one part-time dental officer and there should be a considerable improvement during 1954.

There has lately been some general improvement in the recruitment of dental officers to the Local Authority Health Service and I hope we can now look forward to a period of greater stability.

During the year we have been able to recruit two more school nurses and this has been a welcome addition to our depleted staff. A full staff of trained school nurses is becoming an almost unattainable ideal and I must pay tribute to our present nursing staff without whose whole-hearted support our ever increasing services could not be maintained.

Once again I would express my appreciation of the continued support I have received from the Chairman and Members of the School Medical and Attendance Sub-Committee and from the Chief Education Officer and his staff. It is only due to all our efforts combined with those of the general practitioners and hospitals staff that we can provide a comprehensive school health service adequate for the needs of the school children of the town.

I am indebted to Mr. Booth, Senior Clerk, School Health Service, for assistance in the preparation of the statistical material for this report.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

T. O. P. D. LAWSON,

Principal School Medical Officer.

(1) School Medical Inspections

The routine medical inspections of school children have continued during 1953 and 3,501 pupils have been examined during the year. 436 of these were of the 8-9 age group and 99 were children at the nursery schools and these children are included under the heading of "other periodic inspections".

Pupils are now examined as a routine:

- (a) as soon as possible after admission to a maintained school, i.e. at age 5-6;
- (b) During the first year in a secondary school (age 11-12), and
- (c) During the last year of attendance at a maintained secondary school, when sufficient time is allowed for any necessary investigation or treatment to be carried out before the pupil leaves school.

In addition, younger children aged 2-5 at the Nursery School and Nursery Classes are examined, as are older pupils at the Grammar School, Girls' High School and Junior Technical College before taking up employment.

As a result of these inspections, 237 pupils were referred to the Council's Eye Specialist for defective vision (excluding squint) and 487 children were found to be suffering from other defects or diseases requiring treatment, and the necessary action was taken in all cases. The number of children requiring to be kept under observation but not requiring treatment was 549 and these pupils were kept under special observation during the year.

The school population of the Borough (including the Nursery School and Nursery Classes) was 10,904 at the end of December, 1953, and every child in the Borough has an up-to-date school medical record.

(2) Special School Medical Inspections

This heading refers to pupils who attend at the various school clinics to be seen by School Medical Officers at the request of parents or teachers.

These clinics are held from 9 to 10 a.m. as follows:

Central Clinic	....	....	....	Each week day
Priory Clinic	....	....	....	Mondays and Wednesdays.
Holly Hall Clinic	....	....	....	Tuesdays
Netherton Clinic	....	....	....	Tuesdays and Fridays
Dudley Wood Clinic	....	....	....	Thursdays.

1,251 children were seen at these sessions and the parents were advised, or the children referred to their private doctors or to the appropriate specialist as necessary. This service continues to be very popular and is greatly appreciated by the parents of the pupils concerned.

(3) Re-Inspections

Re-inspections have been held each term in all schools in the Borough, when children who had previously been noted at routine medical inspections to be in need of further observation and advice, were seen by the School Medical Officers.

During 1953, 2,082 children were seen at these inspections.

(4) Nutrition

The general physical condition of the school children of Dudley continues to be very good. Of the 3,501 children examined at schools during the year, only 83 (or 2.3 per cent) were found to be below the normal standard of general nutrition to be expected amongst children of school age. This figure is practically the same as last year and shows that the same standard has been maintained throughout the year.

Every attention is given to these children in the way of treatment and advice with a view to improving their health and enabling them to obtain in as full a measure as possible the benefits of the education provided.

Parental co-operation with the School Health Service continues to be most satisfactory. A high proportion of parents attend at the school medical inspections and evince a steadily growing interest in the benefits to be obtained for their children from an intelligent co-operation with the service.

(5) School Meals

The School Meals Service continues to give good service and on a day in December the number of school meals provided was 3,348. This maintains the satisfactory figure shown last year and undoubtedly contributes in great part to the maintenance and steady improvement in the nutrition of the children.

(6) Ophthalmic Clinics

During 1953, 251 new cases of errors of refraction and 21 new cases of other defects and diseases of the eye were treated at the Central Clinic by the Council's Ophthalmologist. In addition, 1,038 pupils with previously treated errors of refraction and 80 children with other defects previously observed were seen by the specialist, making a total of 1,390 pupils treated at the Eye Clinic.

Spectacles were prescribed for 757 pupils and 891 pairs of spectacles were actually obtained. The eye clinics are normally held thrice weekly at the Central Clinic on Wednesday and Thursday mornings and on Wednesday afternoons.

In addition to the above, 34 errors of refraction (including squint) and 12 other defects are known to have been treated at the Guest Hospital.

(7) Diseases of the Ear, Nose and Throat

The Ear, Nose and Throat Clinic continued to function satisfactorily during the year and 150 pupils received operative treatment for adenoids and chronic tonsillitis, 9 for diseases of the ear and one for other conditions of the nose and throat, whilst 18 received other forms of treatment.

(8) Paediatric Service

The Council's specialist in the disorders and diseases of children has continued to hold two sessions per month at the Priory Clinic, Cedar Road, and 81 pupils were seen.

Children are normally referred to the Paediatric Specialist by the School Medical Officers and the service is of the utmost value providing, as it does, promptly available expert medical advice followed by prompt treatment when necessary.

(9) Infectious Disease

Diphtheria

The number of notified cases of diphtheria among school children in the Borough was five as compared with two during the previous year. I referred in my Annual Report last year to the falling rate of immunisation in the town and this increase, although small, is a result of this backward trend. During the year, with the assistance of the Ministry of Health and the Central Council for Health Education a publicity campaign was inaugurated in order to keep before the public the ever growing importance of ensuring that every child is immunised against diphtheria. At the same time a concerted effort has been made in schools and clinics, parents have been approached personally by doctors and nurses, and general practitioners have been asked to co-operate. The local press has been most helpful and following my appeal last year brought this subject very noticeably before the public. As a result more children are now being immunised and I hope that next year I shall be able to report that the decline in the rate of immunisation has been arrested.

It is important for parents to realise that it is not sufficient merely to have a child immunised in infancy. It is equally important to keep up the protection by further immunisation in school otherwise diphtheria will be appearing again in our schools as it is doing now.

Other Infectious Diseases

There has been no significant increase in the other common infectious diseases.

Details concerning notification of infectious diseases received in respect of school children are given below.

Age Group		Measles		Diphtheria		Scarlet Fever		Whooping Cough		Polio- myelitis	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
5—10	....	171	138	2	1	13	8	18	28	—	1
10—15	....	—	2	1	1	1	3	—	—	—	—

(10) Tuberculosis

The following notifications of tuberculosis in children of age groups 5—15 have been received.

				<i>Males</i>	<i>Females</i>	<i>Total</i>
Pulmonary	....	....	....	6	6	12
Non-Pulmonary	....	....	....	—	1	1

The number of children in age group 5—15 on the tuberculosis register at the end of the year was:

					<i>Males</i>	<i>Females</i>
Pulmonary	....	....	....	....	35	21
Non-Pulmonary	....	....	....	....	16	3

I am very pleased to report that a Mass Radiography Unit was established in the town during the year and, as a result, rapid strides have been made in extending the tuberculosis service in the schools.

In the first place it was decided to test every school entrant to Dudley schools to ascertain whether or not the child had been in contact with an infectious case of tuberculosis. This can be done by a very simple and harmless test and the procedure has already been in operation for over a year in Dudley schools. All children who show a positive test are referred to the Chest Physician for examination and at the same time a Health Visitor calls at the child's home and offers all members of the household an appointment at the headquarters of the Mass Radiography Unit. The test thus serves a double purpose. Not only is every school entrant showing signs of tuberculous infection examined and treated at once, but the infection is traced back to its source, and already several adult cases of tuberculosis have been found following examination at the Mass Radiography Unit. The whole procedure has become an integral part of the school child's first medical examination, and with the full co-operation of all concerned, parents, teachers, doctors and nurses, a very valuable piece of preventive work in tuberculosis is going on daily in our schools.

The other end of the school child's life is not being neglected. I have said in previous reports that I hoped that one day an X-ray of the chest would be included in the medical examination of every school leaver. With the arrival of the Mass Radiography Unit in the town this procedure was started in November and now every school child in Dudley before leaving school has a chest X-ray, subject of course, to parental consent.

Finally, while on the subject of tuberculosis, I would like to report that the Ministry of Health has authorised Local Authorities to proceed with a scheme for the protection of the school leaver against tuberculosis. Arrangements have already begun to introduce B.C.G. vaccination in our schools during 1954 and I will have more to say about this in my next report.

(11) Orthopaedic Clinic

This clinic which is held at the Council's Central Clinic under the direction of the Royal Orthopaedic Hospital, Birmingham, continues to deal with large numbers of crippled children, many of whom attend from outlying districts and surrounding Boroughs.

The Orthopaedic Surgeon holds a clinic monthly or oftener when necessary, and a nursing team attends weekly on Fridays to carry out the treatments prescribed.

338 Dudley children were seen by the Surgeon at these clinics during the year and a total of 454 treatments were given.

(12) Physiotherapy Clinic

In addition to the Orthopaedic Clinic, the Physiotherapy Department at the Central Clinic holds sessions every working day under the charge of a trained physiotherapist for the practise of remedial gymnastics, massage, radiant heat, infra-red, Faradism, conisation, etc., and in addition, specially graduated resistance exercises are given to weak muscles by means of weights and pulleys.

The majority of the pupils treated are those suffering from postural defects, but children are also sent to the clinic for breathing exercises, etc., and all are instructed in the methods of practising home exercises. In the case of the younger children the parents are also instructed. 70 pupils received a total of 1,019 physiotherapy treatments and 59 children received 469 breathing exercise lessons.

(13) Sunlight Clinic

The Council's Artificial Sunlight Clinics at the Central and Priory Clinics continued to treat pupils for whom artificial sunlight had been prescribed by the School Medical Officers.

During the year 256 pupils received 1,578 treatments.

(14) West Malvern Open Air Residential Council School

In the past, places have been available at the above school for 10 boys and 10 girls each term, but in September I was informed that following the visits of H.M. Inspectors it had become necessary to reduce the number of places available, and Dudley's allotment was reduced to 11 boys (made up of 7 junior and senior, and 4 under the age of 8) and 4 girls under the age of 8 years. As a result the total number of children sent to Malvern in 1953 was 55 and not 60 as formerly. A term normally consists of 11 weeks and terms commence in March, June and September, and the school is closed from mid-December to the middle of March.

The children are usually referred in the first instance by private practitioners, head teachers, school welfare officers, the Children's Officer, etc., and are selected by the School Medical Officers as being most in need of a term at the open air school. They are usually delicate in health, perhaps contacts of tuberculous parents, or the victims of bad family environment.

The Worcestershire County Council Education Committee is the local education authority responsible for the school, which is situated upon the Western slope of the Malvern Hills on a beautiful site 700

feet above sea level. Everything possible is done to make the children happy and to improve their health. Much time is spent in games and open air exercise, and the periods of rest in the sunshine do much, with good food and regular meal times, to give new life to the delicate child. As far as possible the education is given in the open air, and the advantages for delicate children in attending the school where health is the first consideration cannot be over-estimated.

Parents are permitted to visit the school once during the term and they are always very much impressed by the progress and happiness of their children.

Invariably the children return from Malvern very much improved in health. They are transformed in appearance and look fit and happy and have greatly enjoyed their term at the school. It may be said that there has never been a failure, although sometimes a pupil needs another term at the school if, after his return home, he is exposed to adverse environmental conditions.

(15) Astley Burf Camp

As in previous years, 60 pupils went to this Camp each week from Monday to Friday throughout the summer months. They are accompanied by teachers, and their classes are held in the open air.

The camp, which is under the control of the Education Committee, is situated in open country not far from the River Severn near Stourport.

The children live under camp conditions in beautiful surroundings and perhaps this is the only week that some of them ever get in the country.

All the children are examined by the School Medical Officers before going to the Camp, as to their freedom from infectious disease, etc.

(16) Rotary Boys' House, Weston-Super-Mare

I am once again indebted to the Dudley Rotary Club for providing a free fortnight's holiday for 13 boys at Weston-Super-Mare.

The boys selected are convalescent or debilitated children, or pupils whose parents would not be able otherwise to provide them with a recuperative holiday by the sea, and the sea air, with good food and regular hours combines with the community spirit of the House itself to provide a welcome and inspiring change of air and surroundings for boys who might not otherwise have a holiday away from home.

Parents are usually asked to pay the fare which, at the reduced rate obtained is 11s. 11d. and every care is taken to ensure that boys visiting the House are free from infection and of good moral character.

In nearly every case it is inspiring to see the improvement that a fortnight by the sea has made in the boys' health and spirits and the boys themselves are invariably enthusiastic in their praise of the Rotary Boys' House.

(17) School Dental Service

As reported in the introduction to this report we experienced more staff difficulties during the year and were unable to continue the progress made in 1952 but we were still able to maintain a reasonable service although it could not be described as adequate. Towards the end of the year we were able to obtain the services of another full-time dental officer and at the time of writing an additional part-time dental officer has been appointed. We are, therefore, once again in a fairly favourable position and provided we have no further set back we should be able to provide an adequate dental service for the school children during 1954.

Table V shows the record of work carried out in the schools and dental clinics during the year.

(18) Work of the School Nurses

All nurses doing school work are also health visitors and this is one of the best features of the service since the nurse knows the child and his home background before he enters school. The health visitor has in the meantime become a trusted adviser to the family in matters affecting health and hygiene and is, therefore, well qualified and equipped to lead and direct the child and advise his teacher, when this is necessary, on matters concerning the pupil's physical welfare in school.

The school nurses continue to carry out their duties with skill and efficiency and the success of the school health service is due in no small measure to their efforts. The only anxiety is the continual difficulty in recruiting staff. Without the school nurse the service could not function and I am indebted to the present members of our depleted staff who are doing so much until further candidates for the service can be found. With the full support of the Council, every effort is being made in this direction.

I am glad to report that the steady improvement in the infestation rate has been maintained. Great importance is attached to this aspect of the work and I am encouraged by the interest shown by the Committee, at whose suggestion a full-time assistant nurse was appointed exclusively for this work. It is very largely a social problem and one in which education is more important than treatment. During 1953, 31,555 head inspections were carried out and the infestation rate for the year is shown in comparison with previous years.

1949	....	....	....	....	....	....	....	16%
1950	....	....	....	....	....	....	....	7%
1951	....	....	....	....	....	....	....	4%
1952	....	....	....	....	....	....	....	4%
1953	....	....	....	....	....	....	....	4%

(19) Employment of Children and Young Persons

During the year 104 school children were examined as to fitness for employment before or after school hours in the delivery of newspapers, etc., and a certificate was granted in each case. So high is the

current standard of fitness amongst Dudley school children that it is indeed exceptional if a certificate of fitness has to be refused to an applicant.

These children are, of course, kept under medical observation and there has never been any evidence that the part-time employment has been in any way detrimental to their physical or mental welfare.

All children leaving school were examined and advised in the light of their known medical histories, as to any types of work for which they may have been found to be physically unsuitable, and good liaison was maintained with the Youth Employment Officer in this respect.

(20) **Speech Therapy**

The Council employs two qualified lady speech therapists on a sessional basis and each attended for four half days per week. Eight sessions are thus given to this work each week and they are considered to provide an adequate speech therapy service for Dudley.

During 1953, 106 pupils received treatment in a total of 1,192 lessons and 72 new cases were interviewed and assessed and 50 children were discharged.

(21) **Child Guidance Clinic**

Dudley children requiring psychiatric treatment are seen by Dr. J. J. Graham, Medical Director, Worcestershire Child Guidance Clinics, at his Child Guidance Clinics at Oldbury and Bromsgrove and Dr. Graham's unstinted assistance and advice is proving to be of the utmost value and is very much appreciated.

(22) **Handicapped Children**

In accordance with the requirements of the Handicapped Pupils and School Health Service Regulations, 1945, 76 pupils have been examined or re-examined during 1953 for the purpose of ascertaining whether or not they are suffering from a disability of mind or body and if the disability is such as to fall within a category requiring special educational treatment as prescribed by the Regulations.

Of the 76 pupils examined during 1953:

- 3 have been ascertained to be deaf.
- 46 have been ascertained to be educationally sub-normal.
- 2 have been ascertained to be maladjusted.
- 2 have been ascertained to be physically handicapped.
- 2 have been ascertained to be delicate.
- 4 have been reported to the Local Authority under the Mental Deficiency Acts.
- 4 were found not to be suffering from any disability.
- 13 were found to be suitable for education in an ordinary school.
- 1 was found to be ineducable.

STATISTICAL TABLES, 1953

Table I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A. Periodic Medical Inspections

Number of inspections in the prescribed groups:

Entrants	1,188
Second Age Group	816
Third Age Group	962
Total	2,966

Number of other periodic inspections 535

Grand Total 3,501

B. Other Inspections

Number of special inspections 1,251

Number of re-inspections 2,082

Total 3,333

C. Pupils found to require Treatment

Number of Individual Pupils found at Periodic Medical Inspections to require treatment (excluding Dental Diseases and Infestation with vermin.)

<i>Group</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Table IIA</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)
Entrants	54	134	188
Second Age Group	92	172	264
Third Age Group	51	121	172
Total (Prescribed Groups)	197	427	624
Other Periodic Inspections	42	60	102
Grand Total	239	487	726

Table II

A. Defects found by Medical Inspection

Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	No. of Defects		No. of Defects	
	Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
Skin	38	12	128	59
Eyes—a. Vision ..	239	103	233	104
b. Squint ..	22	11	24	15
c. Other ..	22	6	66	29
Ears—a. Hearing ..	14	10	27	30
b. Otitis Media ..	28	17	61	36
c. Other ..	4	2	54	36
Nose or Throat ..	143	152	241	175
Speech	11	9	38	22
Cervical Glands ..	5	18	21	43
Heart & Circulation	16	27	16	60
Lungs	49	70	97	159
Developmental—				
a. Hernia ..	1	2	—	2
b. Other ..	1	6	7	3
Orthopaedic—				
a. Posture ..	23	10	13	13
b. Flat Foot ..	20	16	17	10
c. Other ..	26	21	66	54
Nervous System—				
a. Epilepsy ..	2	2	6	4
b. Other ..	1	7	14	12
Psychological—				
a. Development	1	8	8	22
b. Stability ..	—	—	9	5
Other	67	40	193	248

B. Classification of the General Condition of Pupils inspected during the year in the age groups

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2.	No.	% of Col. 2.	No.	% of Col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants.....	1188	528	44.4	615	51.8	45	3.8
Second Age Group	816	448	54.9	355	43.5	13	1.6
Third Age Group	962	568	59.0	377	39.2	17	1.8
Other Periodic Inspections	535	306	57.2	221	41.3	8	1.5
Total	3501	1850	52.9	1568	44.8	83	2.3

Table III

INFESTATION WITH VERMIN

- (i) Total number of examinations in the schools by the school nurses or other authorised persons 31,555
- (ii) Total number of individual pupils found to be infested 1,371
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) 1,739
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944) —

Table IV

TREATMENT TABLES

GROUP I—Minor Ailments (excluding Uncleanliness)

(a)	Number of Defects treated, or under treatment during the year.
Skin—	
Ringworm—Scalp	—
Ringworm—Body	2
Scabies	1
Impetigo	482
Other Skin Diseases	243
Eye Disease	343
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)	
Ear Defects	378
Miscellaneous	2870
(e.g. minor injuries, bruises, sores, chilblains, etc.)	
Total	4319

(b) Total number of attendances at Authority's Minor Ailments Clinics 11,216

GROUP II—Defective Vision and Squint (excluding Eye Disease treated as Minor Ailments—Group I)

	<i>Number of Defects dealt with</i>
Errors of Refraction (including Squint)	1,289
Other defects or diseases of the eyes (excluding those recorded in Group I)	101
Total	<u>1,390</u>

No. of pupils for whom spectacles were:

(a) Prescribed	759
(b) Obtained	891

GROUP III—Treatment of Defects of Nose and Throat

	<i>Total number treated</i>
Received operative treatment:	
(a) for diseases of the ear	9
(b) for adenoids and chronic tonsillitis	150
(c) for other nose and throat conditions	1
Received other forms of treatment	18
	<hr/>
Total	178
	<hr/>

GROUP IV—Orthopaedic and Postural Defects

(a) Number treated as in-patients in hospitals or hospital schools	29
(b) Number treated otherwise, e.g. in clinics or out-patient departments	454

GROUP V—Child Guidance Treatment

Number of pupils treated under Child Guidance arrangements	11
--	----

GROUP VI—Speech Therapy

Number of pupils treated by Speech Therapists	106
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GROUP VII—Other Treatments Given

	<i>No. of Cases treated</i>
Miscellaneous Minor Ailments	2,870
Paediatrician's Clinic	81
Sunlight Clinic	256
Breathing Exercises	59
Physiotherapy	70

Table V

DENTAL INSPECTION AND TREATMENT

(1)	Number of pupils inspected by the Authority's Dental Officers:				
(a)	Periodic Age Groups	....	....	....	2,858
(b)	Specials	....	....	....	1,561
(c)	Total—Periodic and Specials	....	....		<u>4,419</u>
(2)	Number found to require treatment	....	....		3,364
(3)	Number referred for treatment	....	....		3,254
(4)	Number actually treated	....	....		2,743
(5)	Attendances made by pupils for treatment	....			3,833
(6)	Half-days devoted to:				
(a)	Inspection	....	....	....	81
(b)	Treatment	....	....	....	479
	Total (a) and (b)	....	....	....	<u>560</u>
(7)	Fillings: Permanent Teeth	....	....	....	2,455
	Temporary Teeth	....	....	....	51
	Total	....	....	....	<u>2,506</u>
(8)	Number of teeth filled: Permanent Teeth	....			2,220
	Temporary Teeth	....			45
	Total	....	....		<u>2,265</u>
(9)	Extractions: Permanent Teeth	....	....		999
	Temporary Teeth	....	....		1,943
	Total	....	....	....	<u>2,942</u>
(10)	Administration of general anaesthetics for extraction	....	....	....	1,501
(11)	Other Operations: Permanent Teeth	....			766
	Temporary Teeth	....			67
	Total	....	....	....	<u>833</u>

ANNUAL REPORT OF THE CHIEF SANITARY
INSPECTOR AND CLEANSING SUPERINTENDENT
FOR THE YEAR ENDED 31st DECEMBER, 1953

*To the Mayor, Aldermen and Councillors
of the County Borough of Dudley.*

Mr. Mayor, Ladies and Gentlemen,

The year of 1953 has not been one of great change but of building upon the foundations well laid in the early post war years.

National attention has been drawn to the need to re-commence slum clearance but in this connection your Council have been somewhat of pioneers. It is no mean achievement in an authority of this size to have dealt with a total of 1,007 unfit houses for demolition since the end of the war. Progress in this section of the work is undoubtedly good but there are so many houses in the Borough grossly unfit that each year's achievement should be a spur to yet greater effort. As I write this the Housing Repairs and Rents Bill is under review and I am sure greater calls will be made on local authorities to deal with unfit houses.

Whilst there have been no great changes during the year there has been some alteration in food legislation and trade practices. New foods in new packs are appearing and great care is being exercised by Inspectors to scrutinise the labelling of such packs for conformation to existing requirements whilst sampling is taking place with greater discrimination. The promised new legislation for food premises is still in travail and one can only hope for a healthier and stronger offspring than the Food and Drugs Act of 1938.

There are other sections of the department's work which warrant comment but I will leave the records to speak for themselves.

The staff, as always, have worked with a wonderful team spirit and have thus produced the record which is contained in this report. Foremen and workmen have given yeoman service in Public Cleansing and deserve full commendation.

To yourself, Mr. Mayor, to the members of the Council and particularly to those who are members of the Health Committee I express my most sincere appreciation of the courtesy, help and consideration which have been shown to me.

Dr. Lawson and officials of other departments have been helpful on numerous occasions and to them I express my thanks.

I am,

Ladies and Gentlemen,

Yours obediently,

W. PARKER,

*Chief Sanitary Inspector and
Cleansing Superintendent.*

INSPECTION OF FOOD, SAMPLING OF AND SUPERVISION OF FOOD PREMISES

The form of this report follows that of last year very closely because legislation remains mostly unchanged. Comparison of work done and results achieved does, however, show some marked changes.

Selective sampling of retailed foodstuffs, particularly pre-packed foods, is becoming more necessary and more difficult. The disappearance of rationing and quotas makes this so. There is a more competitive field for food products and the ingenuity of manufacturers, packers and advertising firms is being called upon in increasing measure. This is resulting in false claims and misleading statements, not necessarily intentional, but even so quite wrong for all that. Subject to limitations of time and local finances extensive sampling has been carried out resulting in an imposing list of unsatisfactory samples. Prosecutions which may have led to more widespread publicity of contraventions have not taken place. A policy of warnings has been followed but when one looks at the list of unsatisfactory samples there must inevitably be a feeling of doubt as to whether such a policy has been quite right.

Turning now to the inspection of foodstuffs by Inspectors it is perhaps correct for me to emphasise the growth of this work. Particularly because as I write this the re-opening of private slaughter-houses is almost upon us. Re-orientation of the work of Sanitary Inspectors seems unavoidable but it is my hope that such a course may not be necessary for too long a period.

Last year I drew attention to the increased number of pigs slaughtered and the low percentage of carcasses which were found to be infected with tuberculosis. Slaughtering is still increasing having reached the figure of 8,298 this year as against 7,431 last year. Conversely it is pleasing to report that the number of carcasses found to be affected with tuberculosis was only 2.5% as compared with 3.8% last year.

Pressure of work was continued in respect of catering premises and again I submit for your information and interest certain statistics in this connection. Last year there was general expectation of new legislation but up to date it has not yet fully materialised. In spite of this there is still much that could be done towards a higher hygienic standard within present legislation.

Inspection of Meat

There was no change in the policy of centralised slaughtering during the year and at the two bacon factories operating in the Borough on behalf of the Ministry of Food, 8,298 pigs were notified for slaughter under the Public Health (Meat) Regulations, 1924. The corresponding figure in 1952 was 7,431. All the carcasses were nevertheless inspected, as were 34 private pigs killed at other premises.

The following table gives particulars of carcasses and organs unfit for consumption and tabulates causes for condemnation in so far as pigs inspected at bacon factories were concerned.

All Diseases except Tuberculosis:

Whole carcasses condemned	8
Carcasses of which some part or organ was condemned	515
Percentage of the number inspected affected with disease other than tuberculosis	6.3%

Tuberculosis only:

Whole carcasses condemned	3
Carcasses of which some part or organ was condemned	209
Percentage of the number inspected affected with the disease	2.5%

Condemnations:

Carcasses	11
Part carcasses	17
Heads	191
Lungs—sects of	284
Livers	174
Hearts	167
Kidneys	112
Mesenteries	4
Intestines and Stomachs	7
Spleens	6
Collars	76
Leaf lards	8
Feet	10

Diseases:

	<i>Weight of Meat condemned (lbs.)</i>
Tuberculosis	3,245 $\frac{1}{2}$
Pneumonia	68 $\frac{1}{2}$
Pericarditis	168 $\frac{1}{2}$
Pleurisy	100 $\frac{1}{2}$
Cirrhosis	258
Abscesses	112
Bruising	36
Peritonitis	48 $\frac{1}{2}$
Hydronephrosis	57 $\frac{1}{4}$
Congestion	337
Arthritis	19
Tumours	36
Pyaemia	407
Injury	6
Fibrosis	4
Parasitic infections	338 $\frac{1}{2}$
Swine fever	160
Adhesions	12
Pigmentation	8
Moribund	360
Urticaria	63
Emaciation	105
Fatty degeneration	4

Total weight of meat condemned:5,954 $\frac{1}{4}$ lbs.—2 tons 13 cwt. 18 $\frac{1}{4}$ lbs.

Visits to Slaughterhouses	350
Visits for Inspection of private pigs	65

INSPECTION OF OTHER FOODS

During the year the District Inspectors made 284 visits to food premises for the purposes of food inspection, other than meat inspection.

The following foodstuffs were condemned:

	<i>Total</i>
Aislet (lbs.)	2 $\frac{1}{2}$
Apple sauce (tins)	19
Baby foods (tins)	12
Bacon (lbs.)	35
Baked Beans (tins)	159
Beef (lbs.)	169
Beef Extract (jars)	1
Beverages (tins)	3
Beverages (jars)	2
Biscuits (packets)	15
Blanc mange (packets)	2
Butter beans (tins)	23
Cereals (packets)	25
Cheese (lbs.)	2 $\frac{1}{2}$
Cheese, processed (packets)	37
Cheese spread (packets)	206
Cheese trimmings (lbs.)	34
Chicken (tins)	1
Chocolate (lbs.)	6
Chocolate nuts (boxes)	1
Chocolate tea cakes	24
Christmas puddings	2
Cocoa (tins)	1
Coconut Ice (lbs.)	229
Cod fillets (lbs.)	138
Cornflour (packets)	2
Cream (bottles)	1
Cream (tins)	49
Creamola (packets)	2
Custard Powder (packets)	1
Dates (packets)	11
Eggs	350
Fish (tins)	697
Fish (jars)	74
Fish Paste (jars)	5
Fish Paste (tins)	2
Flour (lbs.)	49
Fowl	1
Fruit (tins)	4,997
Fruit (jars)	157
Fruit juice (tins)	17
Fruit pulp (tins)	3
Fruit pie	1
Halibut (lbs.)	102
Ham (lbs.)	789
Jam (tins)	56
Jam (jars)	4
Jelly (packets)	3

Inspection of Other Foods—continued

Jelly crystals (packets)	1
Kidneys (tins)	1
Kippers (lbs.)	28
Lemon curd (jars)	1
Marmalade (tins)	4
Marmalade Puddings	2
Meat (tins)	460
Meat Paste (jars)	3
Milk (tins)	647
Mincemeat (tins)	6
Mincemeat (jars)	2
Munchmallows	8
Nutty bons bons (lbs.)	14
Patent Groats (tins)	1
Peas (tins)	444
Peas (split) (lbs.)	27
Peas (dried) (packets)	1
Pickles (jars)	4
Pressed Pork (lbs.)	17
Rabbit (tins)	4
Raisins (lbs.)	112
Rice (lbs.)	7
Salt (packets)	1
Sandwich spread (jars)	1
Sauce (bottles)	4
Sausages, beef (lbs.)	89
Sausages, pork (lbs.)	61
Soup (tins)	112
Soup (packets)	2
Spaghetti (tins)	65
Spaghetti and sausages (tins)	15
Stem ginger (jars)	1
Stewed steak (tins)	138
Stewed mutton (tins)	5
Sugar (lbs.)	1
Sweets (lbs.)	28
Sweetened cake flour (packets)	6
Swiss rolls	140
Syrup (tins)	4
Tomatoes (tins)	657
Tomatoes (lbs.)	190
Tomato juice (tins)	4
Tomato puree (tins)	5
Vegetables (tins)	20
Vegetable salad (tins)	1
Wafers	21

Disposal of Condemned Food

Most of the meat condemned in the Borough is sold by private arrangement to a firm in the Borough for conversion into fertiliser. Other condemned foodstuffs are disposed of by incineration in the Corporation's destructor plant.

Food Poisoning

No cases were reported during the year.

SUPERVISION OF FOOD PREMISES

As I did last year so again I am including tables to show the work in the more mundane sections of food premises—i.e., in general cleaning and washing up. The same presumptive satisfactory standards have been adopted, that is to say, a satisfactory swab result is one with a colony count of not more than 100 and with an absence of *B.coli*, whilst washing up and rinse waters should not have a count in excess of 500 per ml. of water and no *B.coli*.

Visual tests have been applied in a number of places. This is a method whereby a special dusting powder is dusted on so-called clean crocks, etc. and 'stains' any areas which are covered by very faint grease films, etc. It is a most useful visual check and demonstration of improperly cleansed articles.

Below each table short comments are made but there is very much to be observed in the tables themselves. Furthermore they indicate the need for greater care and for a new and more enlightened approach to be made.

At this juncture may I express my appreciation of the work done by the Public Health Laboratory Service in Stafford.

Summary of food premises in the Borough

Butchers	69
Grocers	219
Greengrocers	74
Cakes and confectionery	24
Sweets and chocolate	86
Fried Fish Shops	32
Wet Fish Shops	11
Multiple stores	5
Cooked Meat Shops	2

Summary of food premises registered under Section 14, Food and Drugs Act, 1938

Ice Cream Premises	186
Cooked Meats, Sausages and Preserved Foods	13

The following visits were made to food establishments during the year:

General Food Shops	209
Food Preparing Premises, subject to registration	17
Canteens	88
Restaurants	172
Bakehouses	60
Fried Fish Shops	58
Butchers Shops	96
Licensed Premises	204

485 informal and 2 formal notices under the Food and Drugs Act were served during the year and 2 formal and 108 informal notices were complied with. It may be thought that the number of notices complied with is small in relation to the number served. It should, however, be remembered that most of the work asked for on notices still regarded as outstanding has been carried out and that only comparatively minor items prevent the marking off of considerably more notices.

268 notices were served under the provisions of the Food Byelaws.

MILK SUPPLIES

Very little need by said here. Out of all the milk samples taken only four gave unsatisfactory results. These were four methylene blue tests.

Undoubtedly this most satisfactory condition is due to the fact that there are now only two main classes of milk supply—heat treated milks and tuberculin tested milk.

Licences in force under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949, were as follows:

	<i>Processors' Licences</i>	<i>Dealers' Licences</i>	<i>Supplementary Licences</i>
T.T. Pasteurised	—	9	6
Pasteurised	1	11	6
Sterilised	—	206	6
Tuberculin tested	—	—	1

At the end of 1953 there were 213 milk distributors registered with the Local Authority.

The number of dairies registered under the Milk and Dairies Regulations at the end of 1953 was 7.

Bacteriological Examination of Milk

	(a) Bacteriological Content				(b) Phosphatase Test		(c) Turbidity Test		(d) Tuberculosis Test		(e) Phenol Phtalein Test	
	No. taken for Bact. Exam.(a)	T.B. Test (b)	Methylene Blue Reduction Test		Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Negative	Positive	Negative	Positive
			Satis- factory	Unsatis- factory								
T.T. Pasteurised	94	—	91	3	94	—	—	—	—	—	94	—
Pasteurised	123	—	122	1	123	—	—	—	—	—	123	—
Sterilised	73	—	—	—	—	—	73	—	—	—	—	—
T.T. Milk	8	2	8	—	—	—	—	—	2	—	—	—
Raw Undesignated Milk ..	3	3	—	—	—	—	—	—	3	—	—	—
Totals	301	5	221	4	217	—	73	—	5	—	217	—

SAMPLING FOR CHEMICAL ANALYSIS

During the year 80 formal and 307 informal samples were taken and adverse reports were made on 75. Details of action taken are given below.

<i>Name of Article</i>	<i>Result of Analysis</i>	<i>Remarks and action taken</i>
Bilberries in rich syrup	Unsatisfactory label	The Health Committee decided to send a letter to the manufacturers with regard to the phrase "rich syrup." The claim was subsequently withdrawn.
Cress	Unsatisfactory label. Contained Rape seed.	The Town Clerk decided that there were insufficient legal grounds for proceedings.
Glucose with Vitamin D	Deficient of 27% Calcium Phosphate.	It was found impossible to take a formal sample of this product as previous stocks were cleared between the date of the taking of the informal sample and the report of the Analyst.
Milk	Unsatisfactory. Contained 6.7% added water.	The vendor was prosecuted and fined £20.0.0d. with 6 gns. Advocate's fee.
Pork Sausage	Contained 190 parts per million Sulphur Dioxide not declared.	Warning letter sent to retailers.
Tomato Pork Sausage	Deficient of 4.5% total meat.	The Health Committee took no action in view of decontrol of sausages.
Annatto Substitute	No maker's name and address on label.	Technical offence only. Letter sent to retailer.
Chest and Lung Mixture	Unsatisfactory. Deficient of 100% Sp. Aether Nitros.	See sample below.
Chest and Lung Mixture	Unsatisfactory. Deficient of 90% Sp. Aether Nitros.	Letter sent to manufacturers. Satisfactory explanation received.
Chocolate Snowballs	Unsatisfactory Vitamin claim not substantiated.	Letter sent to manufacturers. Labelling to be amended.
Ice Lollie Concentrate	Unsatisfactory. Contained an excess of Sulphur Dioxide.	Matter taken up with manufacturers.
Ice Lollipop	Unsatisfactory label.	Matter taken up with manufacturer. Label amended.

<i>Name of Article</i>	<i>Result of Analysis</i>	<i>Remarks and action taken</i>
Indian Brandee	Deficient of 95% Sp. Aether Nit.	It was impossible to take a formal sample as stocks had been disposed of.
Milk	Deficient of 15% Fat.	Formal sample was genuine.
Milk	Deficient of 2% Fat.	Formal sample was genuine.
Milk	Deficient of 2% Fat.	Formal sample was genuine.
Mineral Waters	Deficient of sugar.	Formal sample was genuine.
Medicated Sweets	No formula given	Letter of warning sent.
Compound Balsam of Aniseed	Unsatisfactory. Contained an excess of 25% Acid Acetic Dil.	Formal sample taken as a consequence of this report was genuine.
Oil of Peppermints	Formal and informal samples taken—unsatisfactory label.	Matter referred to British Pharmaceutical Society. Letter was also sent to distributors with regard to amendment of label.
Saccharin tablets	Contained an excess of 15% Saccharin.	Formal sample was genuine.
Artificial Glycerine	Formal and informal samples taken—unsatisfactory label.	Representations were made to the manufacturers of this product who indicated that they were surprised that Artificial Glycerine packed by themselves was still being sold in this area. They stated that it was a substitute prepared at the time when glycerine was in very short supply and they further indicated that their representatives had been instructed to make enquiries at all shops supplied by them and to call in any stocks discovered.
Bio-chemic Non-toxic Salt	Unsatisfactory label and claims.	See below.
Bio-chemic Non-toxic Salt	Unsatisfactory label and claims.	Letter sent to manufacturers.
Blackcurrant Flavour Cordial	Formal and informal samples taken—unsatisfactory label.	Letter sent to manufacturers. Label amended.
Bronchial Lozenges	Unsatisfactory label.	Letter sent to manufacturers who agreed to amend label.

<i>Name of Article</i>	<i>Result of Analysis</i>	<i>Ramarks and action taken</i>
Cheese spread	Unsatisfactory labels.	The Analyst's reports were referred to the Ministry of Food.
Cooling and Teething Powders	Unsatisfactory. Excessive variation in weight of contents.	Letter sent to manufacturers.
Compound Juniper Pills	Unsatisfactory formula and label.	See below.
Compound Juniper Pills	Unsatisfactory label.	Labels have now been satisfactorily amended by the manufacturers.
Custard Powder	Unsatisfactory label.	Labels have now been satisfactorily amended by the manufacturers.
Fruit Juice	Contained 500 parts per million Sulphur Dioxide.	Representations were made to the manufacturers with regard to this preservative and a satisfactory explanation was given.
Gluco-Barley Mints	Unsatisfactory label.	Amended labels approved by Public Analyst.
Gravy Browning	Deficient of 35% Salt.	Manufacturers warned.
Ice Lollipops	One sample contained excess of tin One sample contained excess of tin and copper One sample contained excess of tin and lead	Letter sent to Ministry of Food with regard to excessive metallic contamination.
Indian Brandee	Deficient of 90.5% Sp. Aether Nit.	Stocks voluntarily withdrawn from sale.
Lemon Butter	Unsatisfactory label.	No further action taken following report by Town Clerk.
Lemon Juice	Unsatisfactory label.	See below.
Lemon Juice	Unsatisfactory label.	Satisfactory amendment made to label.
Medicated Sweets	Unsatisfactory. No formula given.	This matter was brought to the notice of the manufacturers and the omission was rectified.
Mineral water	Deficient of approximately 8% sugar.	The manufacturers were interviewed with regard to this sample but in view of the small deficiency no further action was taken.
Pears	Contained an excess of copper.	Letter sent to Ministry of Food.

<i>Name of Article</i>	<i>Result of Analysis</i>	<i>Remarks and action taken</i>
Savoury straws	Unsatisfactory label.	See below.
Savoury straws	Unsatisfactory label.	Label amended.
Thick cream	Deficient of 50% Milk Fat.	Letter sent to distributors whose explanation was accepted.
Bettaclense	Contained an excessive amount of zinc.	No action taken. Formal sample was genuine.
Children's Cooling and Teething Powders	Excessive weight variation in teething powders containing mercurous chloride.	Letter sent to manufacturers. Representations also made to Ministry of Health.
Cooling Powders	Excessive weight variation in teething powders containing mercurous chloride.	Letter sent to manufacturers. Representations also made to Ministry of Health.
Coronation Sherbet	Contained 15% insoluble mineral matter having the characteristics of French Chalk.	Stock withdrawn from sale. Food and Drugs Authority in whose district preparation was manufactured was informed.
Dandelion and Coffee Essence	Contained an excessive amount of zinc.	No action taken. Formal sample was genuine.
Full Cream Toffees	Sample contained particles of Copper Alloy arising from the wrappers	The toffee manufacturers have arranged with the wrapper manufacturers to modify the wrapper to prevent metallic contamination.
Glycerine, Lemon and Honey	Unsatisfactory label Honey not now a B.P. product.	Label amended.
Gravy colouring	Unsatisfactory label.	Manufacturer warned.
Iced Lollie	Contained 0.56 parts per million lead.	Matter taken up with manufacturer particularly from point of view of moulds used.
Indian Brandee	Deficient of at least 57% Spt. Nitros Ether.	Manufacturer warned.
Indian Brandee	Deficient of 100% Spt. Nitros Ether.	No action taken. Formal sample genuine.
Indigestion tablets	Deficient of 98% Calcium Carbonate.	Matter referred to Food and Drugs Authority in whose area tablets were manufactured.
Lemon Butter	Misleading label.	No action taken.
Medicated Snuff	Contained 50% excess of Boric Acid.	See below.

<i>Name of Article</i>	<i>Result of Analysis</i>	<i>Remarks and action taken</i>
Medicated Snuff	Contained excess of 21% Boric Acid.	Warning letter sent to manufacturers.
Minced Chicken	Deficient of 25% Chicken.	On advice of Analyst further action was deferred pending result of court proceedings in another district.
Minced Turkey	Deficient of 25% Turkey.	It was not possible to take a formal sample.
Rice Toasties	Contained an excessive amount of zinc.	No action taken. Formal sample genuine.
Seidlitz Powder Extra Strong	White powders damp.	Storage facilities checked.
Sweet animals	Contained an excess of lead and copper.	See below.
Sweet animals	Contained 2.1% insoluble mineral matter.	Manufacturer warned.
Tomato juice.	Unsatisfactory label. Claimed to be rich in vitamins.	Claim withdrawn.

The actual samples taken during the year were as follows:

<i>Commodity</i>	<i>In- formal</i>	<i>For- mal</i>	<i>Commodity</i>	<i>In- formal</i>	<i>For- mal</i>
Apples	1	—	Cornflour	1	—
Annatto Substitute ..	1	—	Cream Soda	1	—
Antacid Powder	1	—	Cough Sweets	3	3
Apple Juice	1	—	Cooking Fat	1	—
Apple Vinegar	1	—	Cough Mixture	—	1
Artificial Glycerine ..	1	1	Cress	—	1
Aspirin Tablets	2	—	Cydrax	1	—
Brandy	2	—	Cyder Snack	1	—
Artificial Colouring ..	3	—	Dandelion & Burdock ..	2	—
Beetroot	1	—	Dripping	3	—
Bemax	1	—	Drops No. 10	1	1
Banana Creme	1	—	Dr. Cassell's Tablets ..	1	—
Bay Rum	1	—	Dressed Crab	2	—
Bablets	1	—	Dry Ginger Ale	2	—
Bettaclense	1	1	Energy Tablets	1	—
Bilberries in Rich Syrup	—	1	Epsom Salts	2	—
Bi-carbonate of Soda ..	1	—	Express Powders	1	—
Bio-ChemicNon-Toxic Salt	1	1	Fish Cakes	1	—
Bisodol Rollmints ..	1	—	Flour—White	2	—
Blackcurrant flavour cordial	1	1	French Capers	1	—
Blood Purifying Pills ..	1	—	Fruit Pastilles	2	—
Borax and Honey	1	—	Fudge	1	—
Bread—brown	1	—	Gee's Linctus	1	—
milk	1	—	Gelatine	2	—
Breath tablets	1	—	Gelozone	1	—
Butter Drops	1	—	Ginger Beer	2	—
Butter Mint Drops ..	—	2	Gin	1	—
Butterscotch	—	1	Ginger Wine	1	—
Cake—Sultana	1	—	Glace Cherries	1	—
Cake Flour—sweet	2	—	Glycerine, Lemon and Honey	1	—
Castor Oil	2	—	Glycerine, Lemon, Honey and Ipecac- uana	3	—
Catarrh and Bronchial Syrup	1	—	Gluco Barley Mints ..	1	—
Caramels—			Glucose with vitamin D and Calcium Phosphate	2	—
Malted milk	1	—	Golden Plums in Syrup ..	1	—
Devon cream	4	—	Grapes	1	—
Chewing gum	1	—	Grapefruit Juice	1	—
Chocolate	1	—	Grapefruit in Syrup ..	1	—
Chocolate Snowballs ..	—	1	Grapefruit Flavour ..	1	—
Chocolate Wafers	1	—	Gravy Colouring	1	1
Charcoal Biscuits	1	—	Golden Glucose Spread	1	—
Cheese Spread	1	2	Grey Powder	1	—
Cereal Barley	1	—	Ground Ginger	2	—
Children's Teething & Cooling Powders ..	6	1	Hacks	—	1
Cherryade	1	—	Head & Stomach Pills ..	1	—
Chest and Ling Mix- ture	1	1	Ice Cream	13	2
Christmas Pudding	2	—	Ice Lollipops	13	1
Coffee	1	—	Ice Lollipop Concen- trate (assorted flavours)	9	1
Coffee Essence	1	1	Indigestion Tablets ..	1	1
Custard Powder	1	—	Indian Brandee	5	1
Compound Balsam & Aniseed	1	1	Infant Preservatives ..	1	—
Compound Bark Tablets	1	—	Jelly Babies	1	—
Compound Juniper Pills	2	1	Jelly Cream	1	—
			Jelly Crystals	3	—

<i>Commodity</i>	<i>In- formal</i>	<i>For- mal</i>	<i>Commodity</i>	<i>In- formal</i>	<i>For- mal</i>
Keeko	1	—	Pure Glycerine ..	1	—
Kiddies Sweet Animals	1	1	Pure Lemon Juice ..	1	1
Kippers	1	—	Quinine Tonic Water	2	—
Kitty Kola	1	—	Raspberryade ..	2	—
Lemonade	2	—	Rice Toasties ..	1	1
Lemon Butter ..	1	1	Rosena—Rose Hip & Orange	1	—
Lemon Kali	2	—	Raspberry Powder ..	1	—
Limeade	1	—	Saccharin Tablets ..	3	—
Lime Fruit Tablets ..	1	—	Salmon—Potted ..	3	—
Linctus	2	—	Sausage—Pork ..	—	2
Liqueur Bottles ..	1	—	Tomato & Pork	—	1
Liquid Paraffin ..	1	—	Beef	—	1
Lemon, Honey and Glycerine Tablets ..	1	—	Liver	1	—
Lucky Koola	1	—	Seaweed and Sar- parilla Tablets ..	1	—
Lucozade	1	—	Savoury Snack ..	1	—
Marmite	1	—	Seidlitz Powders ..	2	—
Malt and Cod Liver Oil	1	—	Sherbet	1	1
Macaroni Pudding ..	1	—	Sherbet Bon-Bons ..	—	1
Marzipan	1	—	Shreddies	1	—
Medicated Snuff ..	1	1	Silver Cachous ..	1	—
Marshmallow Wafers	1	—	Soup—Game ..	1	—
Mince meat	1	1	Sparkling Grapefruit	6	—
Minced Chicken ..	—	1	Sparkling Lemonade	1	—
Minced Turkey ..	1	—	Sparkling Orange ..	3	—
Meringues	—	1	Soya Flour	2	—
Milk	9	27	Smoked Fillets ..	1	—
Mulford Violets ..	1	—	Sponge Jelly Trifle ..	1	—
Multivite Vitamin Tablets	—	1	Steak and Kidney Pie	1	—
Necta	1	—	Sugar	1	—
Nerve Tonic (Adults)	2	—	Sugar Strands ..	1	—
Nibb-its	1	1	Sugar Whistle ..	1	—
Nu-Lixir	1	—	Sweet Cigarettes ..	2	—
Nuts	1	—	Swizzlers	1	—
Oil of Peppermints ..	1	1	Syrup of Figs ..	2	—
Orange Gin	1	—	Syrup—Minadez ..	1	—
Orange Concentrate	—	1	Tea	2	—
Orange Juice	1	—	Thick Cream	2	1
Orange Squash ..	3	—	Tomato Juice ..	3	—
Orangeade	2	—	Tomato Ketchup ..	1	—
Olnafix	1	—	Tonic Stout	1	—
Paste—Meat	6	—	Tonic Yeast Tablets ..	1	—
Fish	8	—	Valento	1	—
Pepper	1	—	Victory-V Gums ..	—	1
Peppermints	1	—	Vikens Tablets ..	—	1
Pears	1	—	Vimto	2	—
Pineapple	1	—	Vinegar	1	—
Popcorns	1	—	Vitazal	1	—
Potato Crisps ..	1	—	Whisky	4	—
Pork Pie	—	1	Wine—non-alcoholic	1	—
Pork Scratchings ..	2	—			

ICE CREAM AND ICED LOLLIPOPS

Considerable attention was given during the year to the sampling of ice-cream and iced lollipops for bacteriological examination. Generally the reports on ice cream samples were satisfactory as were those on lollipops made from concentrated fruit juices. The same cannot, however, be said of the numerous and varied concoctions containing other ingredients which were being sold in Dudley.

Ice Cream

	Type of Mix	No. of samples taken	Grade 1	Grade 2	Grade 3	Grade 4
Produced in Dudley ..	Heat Treated	36	28	6	1	1
	Not Heat Treated	3	3	—	—	—
Not Produced in Dudley ..	Heat Treated	97	74	20	2	1
	Not Heat Treated	7	4	1	1	1
	Totals	143	109	27	4	3

Key: Grade 1—Good

Grade 2—Fairly good

Grade 3—Poor

Grade 4—Unsatisfactory

Iced Lollipops

Iced Lollipops sold in Dudley during 1954 came from 9 manufacturers in Dudley and 25 manufacturers outside Dudley. When iced lollipop samples manufactured in Dudley gave excessively high counts and showed the presence of coli attempts were made to trace the source of contamination. Invariably, when poor results were obtained, investigation showed that manufacturers were sophisticating the lollie. The normal fruit juice or flavouring-sugar-stabiliser combination which provides little nourishment for bacterial multiplication, has been replaced by lollipops containing diluted ice cream mix, condensed milk, milk powder, etc. Ingredients of this character have the effect of increasing the colony count of the lollie and sometimes introduce coli. The attention of the Ministry of Food was drawn to this problem who suggested that ice lollies are ice cream for the purposes of the Ice Cream (Heat Treatment) Regulations, 1946.

Two lollipops manufactured in Dudley were found to contain excessive amounts of lead. The manufacturers concerned were interviewed and agreed to change the moulds in use for new moulds of a type designed to eliminate this type of contamination. The other trader ceased to manufacture.

Iced Lollipops

Table showing Analysis of results of Bacteriological Examination

Total Number of Samples taken	Colony Count per c.c.										B. Coli			
	Nil	0- 10	10- 50	50- 100	100- 200	200- 300	300- 500	500- 1,000	1000- 5,000	5000- 10,000	Over 10,000	Absent	Present Non- faecal	Present Faecal
Manufactured in Dudley 52	3	26	7	3	2	2	2	3	2	-	2	44	8	-
Manufactured outside Dudley 151	13	42	35	10	5	4	7	5	10	3	17	110	35	6
203	16	68	42	13	7	6	9	8	12	3	19	154	43	6

Table showing Colony Counts of Samples where Bacterium Coli was found to be present

Total Number of Samples showing presence of <i>B. Coli</i>	Colony Count per c.c.										
	Nil	0-10	10-50	50-100	100-200	200-300	300-500	500-1,000	1,000-5,000	5,000-10,000	Over 10,000
Manufactured in Dudley 8	-	1	-	-	-	2	1	1	2	-	1
Manufactured outside Dudley 41	-	1	2	3	2	3	3	2	7	2	16
49	-	2	2	3	2	5	4	3	9	2	17

Swabbing from Catering and other Food Premises

During the year a total number of 146 samples of washing-up and rinse waters and 667 swabs were taken from bakehouses and catering and licensed premises within the borough. Of this number 86 samples of washing-up and rinse waters and 195 swabs were taken in the course of a series of tests conducted at catering and licensed premises to investigate the progressive contamination of washing-up water. Tests were conducted at a variety of premises and a number of different detergents, detergent-sterilants and detergents claiming bactericidal properties were encountered. The results obtained are indicated in Table V appended. One is bound to assume after perusal of these results that a number of products make claims which are not substantiated and it would be advantageous if lists of approved detergents or detergent-sterilants could be made available to the food trade similar to the lists of approved oxidising and preservative agents available to the dairy industry.

TABLE I The presence of faecal and non-faecal coli on utensils is more in evidence in this year's results. This is not surprising when reference is made to Table II where 16 out of 37 samples of washing-up water taken gave positive coliform results. Reference to the test results in Table V will show that coliform build-up in washing-up waters is rapid unless steps are taken to destroy these bacteria in the washing-up sink. Three swabs of sink surfaces out of a total of four and all five swabs of draining boards gave positive coliform results. Coliforms were also very much in evidence on draining boards in the tests (Table V). One in every seven food containers also showed the presence of *B.coli* and two in every seven gave counts in excess of the recommended standard. On one occasion a food container which had been subject to steam jet "sterilisation" was found to have a count of 3,500 and have faecal coli present. This indicates the importance of thorough cleansing and removal of all food debris, etc. before sterilisation.

TABLE II Only 12 samples of washing-up water out of a total of 37 satisfied the suggested standard (Colony count of not more than 500 per ml. with coli absent) and six samples with counts of less than 500 were found to have coli present. Reference to the tests (Table V) will show that 5 out of 12 samples taken only 10 minutes after the commencement of washing-up showed the presence of *B.coli*. Four of these five samples gave positive faecal coli results.

TABLE III Only 10 of 36 drinking glasses swabbed in licensed premises satisfied the suggested standard. 20 of the 36 glasses swabbed showed the presence of *B.coli*, and roughly 1 in every 5 glasses swabbed gave positive faecal coliform results. Reference to Table V will show that coliforms were also encountered in the series of tests carried out in licensed premises and in one particular instance faecal coli were found to be present in 4 samples of washing-up water, on every glass swabbed with the exception of one, and in the zinc draining board.

TABLE IV Of 78 swabs and samples taken in bakehouse premises only 13 swabs and 4 samples of washing-up water satisfied the suggested standards. 56 of the 78 swabs and samples gave positive coliform results. Of this number 41 gave positive faecal coliform results.

Whilst it is appreciated that some confectionery creams do not encourage the multiplication of bacteria due to the type of ingredients used in manufacture (e.g. high sugar content) others may contain milk or egg products and provide excellent habitat for bacteria. In view of this it is extremely important that utensils coming into contact with this popular commodity should be properly cleansed. Bakery premises where results have proved unsatisfactory were re-visited and the significance of these results explained to the management. Generally speaking this has led to the adoption of improved washing-up routines. Improved hot water supplies have been installed and out-of-date cleansing methods have been replaced by modern detergent or detergent sterilant routines.

Food Samples

6 samples of prepared meat products and 4 samples of synthetic cream were submitted for bacteriological examination during the year. The colony count per gram was given in the case of four of the samples of prepared meat products and those of the samples of synthetic cream and these were as follows:

				<i>Colony Count</i>
Pressed Beef ....	....	....	....	Over 2,000,000
Pressed Pork ....	....	....	....	Over 2,000,000
Pressed Tongue ....	....	....	....	4,500
Brawn ....	....	....	....	12,800

Synthetic Cream as received from manufacturer	Sterile—Coliforms absent
Synthetic Cream after whipping	Sterile—Coliforms absent
Synthetic Cream from top of individual trifle exposed for sale	Sterile—Coliforms absent

The laboratory also reported in the case of the four meat products that no salmonella or shigella were isolated.

In the case of the other two meat products samples submitted (one sample each of pressed beef and brawn) and the sample of synthetic cream the laboratory only reported the absence of pathogens.

Dairies

A total of 42 bottles were submitted for bacteriological examination during the year. On each occasion 6 bottles were submitted complete with caps. The following mean counts were obtained:

Sample No. 1	....	....	....	2,000
Sample No. 2	....	....	....	51
Sample No. 3	....	....	....	521
Sample No. 4	....	....	....	402
Sample No. 5	....	....	....	830
Sample No. 6	....	....	....	35
Sample No. 7	....	....	....	612

Sample No. 1 consisted of 6 bottles capped with aluminium foil caps and sample No. 2, 6 bottles capped with press-in type waxed cardboard caps. When sample No. 5 was submitted 4 samples of rinse waters from the washing machine were submitted at the same time. All four samples were sterile and coliforms were absent. Investigations showed that contamination of the bottles could occur when bottles are 'crated' after washing and again at the foil capping machine.

Table I
Analysis of Results of Examination of Swabs taken from Catering Premises (Cafes, Restaurants, Canteens, School Kitchens)

Type of Utensil	No. of Swabs taken	Colony Counts							Bacterium Coli			% of Total number of swabs taken satisfying suggested standards
		Sterile	Under 100	Over 100 and less than 1,000	Over 1,000 and less than 10,000	Over 10,000 and less than 100,000	Over 100,000 and less than 500,000	ASB	Absent	Present		
										Non-faecal	Faecal	
Drinking glasses ..	6	2	1*	1	—	—	—	2	5	1	—	66½%
Cups and beakers ..	150	20	65	7	3	10	—	43‡	133	13	4	84%
Forks	27	11	7*	1	—	—	—	8‡	26	—	1	88%
Spoons	20	3	11	1	—	1	—	4	19	—	1	90%
Plates	97	29	21	3	4	1	—	39	89	5	3	92%
Insulated and other food containers ..	56	9	17	10	3	2	1	14	47	4	5	71%
Cooking and other kitchen utensils ..	8	3	—	—	1	—	—	4	8	—	—	87%
Sinks used for washing up or portions of same	4	—	—	—	1	—	—	3	1	3	—	Nil
Draining board ..	5	—	—	3	—	—	1	—	—	2	3	Nil
	373	77	122	26	12	15	1	114	328	28	17	

* includes 1 with non-faecal coli present.

† includes 1 with faecal coli present.

‡ includes 1 with non-faecal coli present and 1 with faecal coli present.

Table II
Analysis of Results of Examination of Washing-up and Rinse Waters from Catering Establishments

Type of Water	No. of samples taken	Colony Count per Ml. of water								Bacterium Coli			% of Total number of samples taken satisfying suggested standard
		Sterile	Under 500	Over 500 and less than 5,000	Over 5,000 and less than 10,000	Over 10,000 and less than 100,000	Over 100,000 and less than 500,000	Over 500,000	ASB	Absent	Present		
											Non-faecal	Faecal	
Washing-up Water ..	37	9	9*	8	—	4	1	5	1	21	3	13	35
Rinse Water ..	4	2	2	—	—	—	—	—	—	4	—	—	100
Ice cream utensil rinse water ..	2	1	1	—	—	—	—	—	—	2	—	—	100
Totals ..	43	12	12	8	—	4	1	5	1	27	3	13	

* 6 samples with counts of less than 500 colonies per ml. had coli present.

Table III
Analysis of Results of Examination of Swabs and Samples taken at Licensed Premises

Type of Utensil	No. of Swabs taken	Colony Counts								Bacterium Coli			% of total number of Swabs taken satisfying suggested standards
		Sterile	Under 100	Over 100 and less than 1,000	Over 1,000 and less than 10,000	Over 10,000 and less than 100,000	Over 100,000 and less than 500,000	Over 500,000	ASB	Absent	Present		
											Non-faecal	Faecal	
Drinking glasses ..	36	—	13*	7	9	1	—	—	6	16	13	7	44
Washing-up Water..	2	—	—	—	1	1	—	—	—	—	—	2	nil
Total ..	38	—	13	7	10	2	—	—	6	16	13	9	

* 3 glasses with colony counts of less than the suggested standard maximum of 100 had coliform present.

Table IV
Analysis of Results of Examination of Swabs and Samples taken at Bakehouse Premises

Type of Utensil	No. of Swabs and samples taken	Colony Counts								Bacterium coli		
		Sterile	Under 100	Over 100 and less than 1,000	Over 1,000 and less than 10,000	Over 10,000 and less than 100,000	Over 100,000 and less than 500,000	Over 500,000	ASB	Absent	Present	
											Non-faecal	Faecal
Bread trays	6	2	2	—	—	—	—	—	2	6	—	—
Mixing Bowls	21	1	1	6	4	6	—	—	3	6	5	10
Knives	3	—	—	—	—	3	—	—	—	—	—	3
Other utensils	27	—	7	3	7	1	2	3	4	14	7	6
Table surface	1	—	—	—	1	—	—	—	—	—	—	1
Savoy bags	5	—	—	1	3	1	—	—	—	1	—	4
Savoy bag soak water ..	2	1	—	—	—	1	—	—	—	1	—	1
Washing-up water	12	3	—	1	4	3	1	—	—	4	3	5
Tray washer rinse water ..	1	—	—	—	—	1	—	—	—	—	—	1
Totals	78	7	10	11	19	16	3	3	9	32	15	41

OVERCROWDING AND HOUSING

National attention has been focussed on the urgency of the problem of unfit houses and local authorities have been urged by the Ministry to resume work under the Housing Acts. This was not required in Dudley because your Council have been most actively engaged in this work since 1946.

Last year I gave information about the confirming of orders for the clearance of a large central area. This has been followed by the necessary preliminaries of notices for rehousing of families and site acquisitions. The fruit of this is now being reaped and families are on the move from these shockingly unfit houses to modern houses on new estates. To the families awaiting removal time and conditions appear unbearable and the department is flooded with complaints. These complaints cannot be ignored and consequently a great amount of valuable time is being absorbed in visits and explanations which are almost completely frustrating. The more that is done the more there is to be done but at least one has the ultimate satisfaction of seeing the void properties demolished.

Further progress in housing is now being made in another area in the borough. The Council have long recognised the urgency of dealing with the unfit houses in Harts Hill but have been in difficulty about alternative accommodation in the same area. This is now to be partly met in a bold scheme of clearance and re-development. Adjoining Harts Hill were many sub-standard properties in the Woodside area and these are now quickly disappearing following demolition orders under Section 11 of the Housing Act, 1936. Negotiations are proceeding for the acquisition of the cleared sites and in the very near future one hopes that new dwellings will be in course of construction. Furthermore it is hoped that the re-development will mark the opening phase in the clearance of the unfit houses in Harts Hill.

Some statistics are appended and these call for very little comment. The number of demolition orders made on individual properties is rather high and is due to two factors—(a) the Woodside position already referred to and (b) houses which have become structurally dangerous. It is disturbing to find such properties so regularly and this, in itself, gives some measure of the urgency of the housing programme.

Housing Progress—1st July, 1945 to 31st December, 1953

	1945	1946	1947	1948	1949	1950	1951	1952	1953	Total
Demolition Orders made ..	—	15	20	34	110	57	10	41	118	405
Closing Orders made	—	—	—	1	1	3	—	3	—	8
Houses confirmed in clearance areas ..	—	—	63	102	—	—	—	—	429	594
Houses demolished Sec. 11	18	34	19	34	30	88	57	57	46	383*
Houses demolished clearance areas ..	—	90	11	104	44	35	22	6	3	315*
Rehousing Sec. 11 ..	3	17	18	52	57	88	37	34	68	374†
Rehousing Slum Clearance Areas, etc. ..	—	8	39	112	15	3	2	2	41	222†

* Includes some houses dealt with prior to 1939.

† The figure is of actual families rehoused individually in Corporation properties and includes the rehousing in some cases of 2 or more families from the same house.

Rehousing

The following cases from the Department's lists were re-housed:

No. of cases re-housed because of overcrowding	17
No. of cases re-housed because of Tuberculosis	17
No. of cases re-housed because of special health features	10
No. of families re-housed from houses on which a Demolition Order or Closing Order was operative	68
No. of families re-housed from Clearance Areas	41

The following table of available lettings has been provided by the Housing Manager:

Available Lettings during 1953

	New Buildings		Re-lets
Houses	196	Post-war houses	18
Gregory flats	52	Pre-war houses	46
Other flats (2/3 B.R.)	30	Pre-war flats	8
Single Persons flats	16	Bungalows	6
Bungalows	8	Pre-fabs.	8
	<hr/> 302		<hr/> 86
Total	388		

Mutual exchanges are not included.

SANITARY ADMINISTRATION

Slowly the number of houses without a private water supply is diminishing but this is due entirely to the demolition of unfit houses.

The number of factory inspections has again been increased but no particular difficulties were met with.

Particulars of Inspections

Routine work continued under the Public Health Act, 1936, and during the year 1,017 inspections and 2,374 re-inspections were made.

The number of preliminary notices served was 540 and the number complied with was 243. Statutory notices served numbered 180 and 167 notices were complied with.

The following were some of the more important defects remedied:

House roofs	....	....	....	....	....	....	212
Eaves, gutters and rainwater pipes	....	....	....	....	....	....	85
Floors	....	....	....	....	....	....	21
Staircases	....	....	....	....	....	....	16
Plasterwork	....	....	....	....	....	....	225
Windows: Woodwork	....	....	....	....	....	....	76
Sashcords	....	....	....	....	....	....	67
Firegrates	....	....	....	....	....	....	21
Outbuildings	....	....	....	....	....	....	95
Closets	....	....	....	....	....	....	234
Drainage systems	....	....	....	....	....	....	258

Domestic Water Supply

No. of premises (excluding Council houses) having a private supply (estimated)	....	....	....	....	....	9,654
No. of Council houses	....	....	....	....	....	7,109
No. of premises having common water supplies (estimated)	....	....	....	....	....	1,900

Factories

The number of factories inspected was 103 and in addition 95 re-visits were made. 28 informal and 5 formal notices were served and 16 informal and 4 formal notices were complied with.

The following table gives an indication of unsatisfactory conditions found in factories during the year:

Contravention	Inspections	Re-inspections	Defects Found	Defects Remedied
Want of cleanliness	—	—	—	—
Overcrowding	—	—	—	—
Unreasonable temp'ture	—	—	—	—
Inadequate ventilation	—	—	—	—
Ineffective drainage of floors	—	—	—	—
Sanitary conveniences—				
(a) insufficient	7	10	9	7
(b) unsuitable or defective	37	79	83	106
(c) not separate for sexes	4	6	4	4

Outworkers

(a) No. of lists received from employers	23
(b) No. of employers involved	12
(c) Outworkers involved	42
(d) No. of outworkers living outside Borough	24
(e) No. of districts in (d)	7
(f) No. of lists received from outside Authorities	7
(g) No. of outworkers involved	39

Infectious Diseases

The investigation of notified cases of infectious diseases continued as usual and the District Inspectors made 125 visits in connection therewith.

SANITARY ACCOMMODATION

	1953	1952
No. of houses and other premises (estimated)	17,701	17,585
No. of houses and other premises served by W.C's. draining into public sewers	17,531	17,423
No. of houses and other premises served by ashbins	17,701	17,584
No. of privies in the Borough	Nil	2
No. of cesspools in the Borough	98	88
No. of pail-closets in the Borough	75	75

Particulars of conversions from conservancy system during the year

	1953	1952
Privies converted to W.C's.	Nil	Nil
Pails converted to W.C's.	Nil	3
Privies and pails abolished by demolition of dwellinghouses	2	Nil
Privies converted to pails	Nil	Nil

RODENT CONTROL

The following table summarises the work done in rodent control. The period covered is from 1st January, 1953 to 31st March, 1954.

	<i>Type of Property</i>				
	<i>Local Authority</i>	<i>Dwelling Houses</i>	<i>Agri-cultural</i>	<i>All other (including business premises)</i>	<i>Total</i>
I Total number of properties in Local Authority's district	60	16,509	2	2,377	18,948
II Number of properties inspected by the Local Authority during 1953 and up to 31st March, 1954 as a result of (a) notification (b) survey under the Prevention of Damage by Pests Act, 1949, (c) otherwise, e.g. when visited primarily for some other purpose ..	(a) 11	148	—	23	182
	(b) 21	130	—	32	183
	(c) 8	6	—	917	931
III Number of properties inspected (see Section II) which were found to be infested by rats ..	<i>Major</i> 4	—	—	6	10
	<i>Minor</i> 11	156	—	35	202
IV Number of properties inspected (see Section II) which were found to be seriously infested by mice	3	—	—	19	22
V Number of infested properties (see Sections III and IV) treated by the Local Authority ..	18	156	—	57	231
VI Number of notices served under Section IV:					
(i) Treatment ..	—	—	—	1	1
(ii) Structural works (i.e. proofing) ..	—	—	—	—	—

	<i>Type of Property</i>				
	<i>Local Authority</i>	<i>Dwelling Houses</i>	<i>Agri-cultural</i>	<i>All other (including business premises)</i>	<i>Total</i>
VII Number of cases in which default action was taken by the Local Authority following the issue of a notice under Section IV ..	—	—	—	1	—
VIII Legal Proceedings	—	—	—	—	—
IX Number of "block" control schemes carried out ..	1				

DISINFECTION AND DISINFESTATION SERVICE

Fumigation and Removal Service:

No. of houses treated with H.C.N.:

Corporation	....	....	....	....	....	....	Nil
Private	....	....	....	....	....	....	Nil
No. of rooms involved	....	....	....	....	....	....	Nil
No. of household furniture removals for which H.C.N. treatment was given	....	....	....	....	....	....	27

Houses treated with insecticide:

Corporation	....	....	....	....	....	....	11
Private	....	....	....	....	....	....	19

No. of rooms involved:

Corporation	....	....	....	....	....	....	23
Private	....	....	....	....	....	....	42

No. of houses disinfected after Infectious Disease

No. of rooms involved

No. of visits to tips re crickets, etc.

No. of library books disinfected

83

147

60

35

Articles disinfected or destroyed:

						<i>Disinfected</i>	<i>Destroyed</i>
Mattresses	....	....	....	....	....	7	9
Pillows	....	....	....	....	....	160	9
Bolsters	....	....	....	....	....	65	5
Sheets	....	....	....	....	....	130	2
Blankets	....	....	....	....	....	572	1
Overlays	....	....	....	....	....	93	20
Coats	....	....	....	....	....	16	Nil
Sundries	....	....	....	....	....	144	6
Nightdresses	....	....	....	....	....	3	Nil
Suits	....	....	....	....	....	2	Nil
						—	—
						1,192	52
						—	—

PUBLIC CLEANSING

Refuse Collection

There is still no short answer to the problems attached to this most important service. By far the greatest of these is labour shortage. Many workmen have come along and started work as new bin men but it is very disappointing to find only exceptional ones remaining on the job. Some new recruits have left after $\frac{1}{2}$ hour to 2 hour's work.

In connection with refuse collection, if one ignores drivers, there has almost been a 25% deficiency of men all the year. Yet in spite of this a regular service has been maintained. The work may be costly, it is certainly unsavoury but it cannot be dispensed with. It is one of the exceptional outside jobs that must go on in spite of weather conditions and a tribute is surely due from all who benefit to those who perform the service.

Disposal

The site adjoining Blowers Green Road is still in use for controlled tipping and likely to be so for a few more years. On the first part the greater portion of the final layer is now put down. I am sure I may be permitted to say that a useful piece of land is now taking shape as will be seen from the two photographs in this report. Filling to a depth of over 20ft. was necessary to arrive at the final layer shown in the photographs.



Cost

Comparison of cost with that of last year is not straightforward because of one important change. The emptying of cesspools, particularly in the industrial area of Pear Tree Lane, is a costly item and is not normal refuse collection. It has been agreed therefore to exclude the cost of this service from that of refuse collection. The result has been to lower total costs but to increase the cost per ton.

HOUSE REFUSE COLLECTION

Year ending 31st December

	1953	1952
No. of houses and other premises to which collection service was given	17,701	17,585
Average No. of ashbins cleansed per week	17,987	18,029
Average No. of pail closets cleansed per week ..	98*	99*
Average No. of cesspools serviced per week	27	20
Average No. of gallons removed from cesspools per week (estimated)	60,813	46,817
Total refuse collected in tons (estimated) excluding night soil	15,095	17,774

* Includes emptying of pails at fairgrounds, circus and Bunns Lane Conversions throughout the year (1,187).

COST STATEMENT, 1953-54

<i>Particulars</i>	<i>Collection</i>	<i>Disposal</i>	<i>Totals</i>	<i>Percentage of total gross expenditure</i>
REVENUE ACCOUNT				
GROSS EXPENDITURE:				
(i) Labour	13,954	9,242	23,196	61.14
(ii) Transport	5,013	2,582	7,595	20.02
(iii) Plant, equipment, land and buildings	4,099	2,414	6,513	17.16
(iv) Other Items	382	255	637	1.68
(v) Total gross expenditure	23,448	14,493	37,941	100.00
GROSS INCOME (including £.... received from other local authorities)	566	7,876	8,442	—
NET COST	22,882	6,617	29,499	—
Capital expenditure met from revenue (included above) ..	1,885	—	1,885	4.968
UNIT COSTS	s. d.	s. d.	s. d.	
Gross cost per ton, labour only	16.11	11.2	28.1	
Gross cost per ton, transport only	6.1	3.2	9.3	
Net cost (all expenditure) per ton	27.9	8.0	35.9	
Net cost per 1,000 population	£ 373	£ 108	£ 481	
Net cost per 1,000 premises	1,292	374	1,666	

OPERATIONAL STATISTICS

Area (statute acres)—land and inland water	4,066 acres
Population at 30th June, 1953	61,420 persons
Total refuse collected (tons). Indicate whether estimated	16,507 tons (est.)
Weight (cwts.) per 1,000 population per day (365 days to year)	14.7 cwts.
Number of premises from which refuse is collected	17,701 premises
Premises from which daily collection is made	Nil % of total
Average haul (miles) by collection vehicle to disposal point (single journey)	2½ miles
Kerbside collection, if practised, expressed as estimated percentage of total collection	Nil %
Total refuse disposed of (of which Nil tons were disposed of for other local authorities)	16,507 tons
Methods of disposal (salvage excluded):	
(a) Crude tipping	Nil %
(b) Controlled tipping	92 %
(c) Direct incineration	8 %
(d) Separation and incineration	Nil %
(e) Other methods (state nature)	Nil %
	<hr/> 100 % <hr/>

Salvage and Trade Refuse

Analysis of income and tonnage:

	<i>Income</i> £	<i>Tonnage collected</i> Tons
Salvage:		
(a) Raw Kitchen Waste	4,387	798
(b) Scrap Metal	104	41
(c) Waste Paper	2,679	413
(d) Other Salvage (Rags)	6	2
	<hr/> 7,176 <hr/>	<hr/> 1,254 <hr/>
Trade Refuse	771	1,322

Vehicle Maintenance

This has always been an important matter but it is now developing into a major section of the department.

In addition to departmental vehicles maintenance is now undertaken of the Housing Department vehicles, Parks Department equipment and recently the Civil Defence Vehicles have been added.

The following is a summary of the vehicles and equipment now maintained in the workshops:

Refuse Collection vehicles	9
Cesspool emptiers	3
Mechanical horse	1
Furniture van trailers	2
Dozers (for tips)	2
Open lorries (including 'Pick-up')	6
Vans	5
Motor mowers	13
Gang mowers	1
Rotary mowers	3
Hand mowers	10
Auto scythes	4
Total	59

Each vehicle is serviced and checked once per fortnight and day to day adjustments and repairs are carried out. In addition vehicles are brought in on schedule for major overhaul, which includes body repairs and painting.

During the year major overhauls were carried out on 11 vehicles.

Five vehicles were painted, including one new vehicle which was delivered in primer only, and six vehicles had major body repairs carried out.

Year ended 31st December, 1953

The undermentioned vehicles have been serviced, maintained, repaired and painted at Lister Road Depot.

Sanitary Department Vehicles:

1 1944 Dennis 10/12 cubic yard side loading refuse collection vehicle	FFD 206
1 1947 Dennis 10/12 cubic yard side loading refuse collection vehicle	GFD 459
1 1947 Dennis 750 gallon cesspool emptier with nightsoil attachment	GFD 860
1 1948 Karrier Bantam mechanical horse	JFD 144
2 1936 Crane Furniture Trailers	
1 1948 10/12 cwt. Bedford Van	JFD 141
1 1948 Morris Van	HFD 671
1 1948 Austin 5-ton open lorry with tipper	HFD 705
1 1948 Austin 2-ton open lorry with tipper	HFD 632
1 1948 Dennis 10/12 cubic yard side loading refuse collection vehicle	JFD 117
1 1949 Bedford/Eagle side loading refuse collection vehicle	JFD 776
1 1949 Bedford 30 cwt. 3-way Van	JFD 823
1 1949 Bedford 2-ton open lorry with tipper	JFD 906
1 1949 Dennis 10/12 cubic yard side loading refuse collection vehicle	KFD 21
1 1949 Aveling Barford Calfdozer	

1 1950 Dennis "Paxit" Compressor refuse collection vehicle	KFD 524
1 1950 Eagle Portable 500 gallon Cesspool Tank (Petter engine)	
1 1950 Bedford 10/12 cwt. Van	LFD 196
1 1951 Bristol 20 Angledozer (Austin 16 engine)....	
1 1951 Bedford/Eagle "Compressmore" refuse collection vehicle	LFD 855
1 1951 Bedford/Eagle "Compressmore" refuse collection vehicle	MFD 1
1 1952 Bedford/Eagle "Compressmore" refuse collection vehicle	MFD 182
1 1953 Bedford/Eagle 750 gallon cesspool emptier with nightsoil attachment	NFD 314

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Housing Department Vehicles:

1 1949 Austin 10 cwt. Pick-up	JFD 807
1 1950 Bedford 2-ton open Lorry	LFD 270
1 1953 Bedford 20/25 cwt. Pick-up	OFD 341

Parks Department

*Machine
No.*

1 Atco 24in. motor mower	1
1 Atco 24in. motor mower	2
1 Atco 22in. motor mower	3
1 Rotoscythe—County Model	4
1 Allen Autoscythe	5
1 Overgreens Power Unit with 36in. gang mower unit	6
1 Dulson hand mower	7
1 Ransomes "Certes" hand mower	8
1 Atco 16in. motor mower	9
1 Hayter rotary mower	10
1 Dulson hand mower	11
1 Atco 16in. motor mower	12
1 Ransomes "Certes" hand mower	13
1 Hayter rotary mower	14
1 Atco 16in. motor mower	15
1 Dulson hand mower	16
1 Ransomes "Certes" hand mower	17
1 Atco 16in. hand mower	18
1 Dennis 36in. motor mower	19
1 Atco 20in. motor mower	20
1 Atco 30in. motor mower	21
1 Atco 16in. motor mower	22
1 Atco 16in. motor mower	23
1 Atco 17in. motor mower	24
1 Rotoscythe Eton model	25
1 Atco 20in. motor mower	26
1 Rotoscythe Windsor model	27
1 Hayter Rotary mower	28
1 Ransomes hand mower	29
1 Qualcast hand mower	30
1 Ransomes hand mower....	31

Bin Scheme

The continued operation of the municipally owned bin scheme is resulting in the disappearance of nondescript containers and great numbers of defective bins. Unfortunately, as expected, the non-galvanised bins which restrictions forced upon the department are having a very short life and their replacement is making inroads in present supplies before they should. The only cheap bin is one which is well made from a good material and able to withstand corrosion and wear. Could not the manufacturers experiment with non-rusting alloys which will also be of lighter weight?

Bins issued from 1st April, 1953 to 31st March, 1954

									2½ cubic feet
Private Houses (including 82 to New Private Houses)	1,929								
Corporation Properties (replacements)	1,066								
Corporation Properties (first issue)	95								
Corporation Properties (outside Borough)	105								
Trade Premises and Offices	30								
Bins sold	69								
									3,294

In addition, up to 31st March, 1954, 72 ashbins were collected from demolished properties, etc., and 64 were re-issued for further use.

Comparative Salvage Weights and Values

Years ending 31st March, 1953 and 1954

Materials	Materials Sold				Expenditure		
	Weight (tons)		Value £				
	1953	1954	1953	1954		1953	1954
Paper	428	413	3,538½	2,679	Wages ..	7,045	5,911
Rags	8	½	231	16	Transport ..	1,501	1,304
Metals	151½	41	576	104	Bonus ..	147	Nil
Bones, etc. ..	4	2	12	6	Materials ..	313	337
Kitchen Waste ..	740½	797½	3,848	4,387	Miscellaneous	29	Nil
Sterilisation of Kitchen Waste..	—	—	7½	8	Capital Items and Depreciation ..	754	48
Miscellaneous ..	—	—	53	—			
Totals ..	1,332	1,254	8,266	7,200		9,789	7,600

Salvage Income

Year ended 31st March, 1946	....	....	....	£3,653
Year ended 31st March, 1947	....	....	....	£3,662
Year ended 31st March, 1948	....	....	....	£3,963
Year ended 31st March, 1949	....	....	....	£5,211
Year ended 31st March, 1950	....	....	....	£5,972
Year ended 31st March, 1951	....	....	....	£6,209
Year ended 31st March, 1952	....	....	....	£11,326
Year ended 31st March, 1953	....	....	....	£8,250
Year ended 31st March, 1954	....	....	....	£7,210

Records of Yearly Returns of Salvage Sold

Materials	Year ended 31.3.50		Year ended 31.3.51		Year ended 31.3.52		Year ended 31.3.53		Year ended 31.3.54	
	T.	C.	T.	C.	T.	C.	T.	C.	T.	C.
Waste Paper ..	497	6	436	6	482	10	427	16½	413	1
Metals	72	5	44	14½	43	14¾	151	9¼	40	18
Textiles.. ..	17	17	8	18¾	13	18¾	8	3½	—	12½
Glass	10	19	1	10¾	—	19	—	—	—	—
Kitchen Waste..	553	17	655	6¾	635	9¾	740	9¾	797	14
Condemned Meat	1	14	1	7¼	3	1¾	4	½	1	17½
Bones	—	7	—	¾	—	—	—	—	—	—
Totals ..	1,154	5	1,148	4¾	1,179	14	1,331	19½	1,254	3

MISCELLANEOUS

SHOPS

During the year work was continued under the health and comfort provisions of the Shops Act. The number of inspections made was 184. 49 notices were served and 32 complied with.

SLAUGHTER OF ANIMALS ACT

The number of licensed slaughtermen at the end of the year was 25.

PHARMACY AND POISONS ACT, 1933

Three applications for entry on the poisons list were made. The applicants premises were visited and registration was recommended.

FERTILISERS AND FEEDING STUFFS ACT, 1926

Eleven formal samples of fertilisers and one informal sample were taken during the year. Apart from some slight inaccuracies in statutory statements there is nothing of special moment to report.

MERCHANDISE MARKS ACT

165 visits were made with regard to labelling. Requirements as to indication of origin were not always fully observed but verbal warnings to traders had the desired effect.

CARAVANS

There was a considerable decrease in unauthorised camping during the year and it was only necessary to make 133 visits. Sixty-five caravans were moved on and the length of stay in all cases was short.

SMOKE ABATEMENT

Close attention was given to this problem during the year. One Inspector, who holds the Smoke Inspector's Certificate of the Royal Sanitary Institute was made responsible for smoke observations throughout the Borough. He made 155 such observations and visited 65 factories during the year.

Much remains to be done further to reduce air pollution in the Borough but steady progress was achieved during the year and there is a growing awareness among manufacturers that smoke emission and fuel costs go hand in hand.

By far the greatest amount of pollution emanated from premises carrying out processes which exempt them from the provisions of the Public Health Act and there is, in my opinion, need for considerable research on a national basis into the whole problem of exempted trades.

The Corporation have no power for the creation of smokeless zones and air pollution from domestic chimneys cannot, therefore, be dealt with.

STAFF OF THE PUBLIC HEALTH DEPARTMENT
at 31st December, 1953

Medical Officer of Health:

T. O. P. D. Lawson, M.D., D.R.C.O.G., D.P.H.

Assistant Medical Officers of Health:

M. J. Rayner, M.B., Ch.B., D.P.H.

B. N. Williams, M.B., Ch.B.

*A. R. Gratton, M.B., Ch.B.

Consulting Gynaecologist:

*F. Selby Tait, M.B., Ch.B., F.R.C.S.

Consulting Ophthalmologist:

*L. H. G. Moore, M.B., Ch.B., D.O.M.S.

Consulting Ear, Nose and Throat Surgeon:

*W. K. Hamilton, M.B., F.R.C.S.

Consulting Paediatrician:

*H. L. E. Jones, O.B.E., M.B., B.S., M.R.C.P.

Speech Therapists:

*Mrs. N. W. Brooke

*Miss J. R. Phillips

Dental Officers:

Mrs. J. P. McEwan, L.D.S.

Mr. H. F. Collins

Chief Sanitary Inspector and Cleansing Superintendent:

†W. Parker, M.R.San.I., M.S.I.A., Cert.S.I.B.

Deputy Chief Sanitary Inspector:

†W. H. Bowman, M.R.San.I., M.S.I.A., Cert.S.I.B.

District Sanitary Inspectors:

†H. E. Hancox, Cert.S.I.B.

†E. Harris, Cert. S.I.B., Cert. Smoke Insp.

†R. Hill, M.S.I.A., Cert. S.I.B.

†J. R. W. Dodd, M.S.I.A., Cert. S.I.B.

Inspector in Charge of Food Preparing Premises:

†F. L. Jones, A.R.San.I., M.S.I.A., Cert. S.I.B.

Assistant Cleansing Superintendent:

G. Thomas, M.R.San.I., M.S.I.A., A.M.Inst.P.C., Cert. S.I.B.

Additional Sanitary Inspector:

†H. D. Williams, M.S.I.A., Cert. S.I.B.

General Assistant:

D. Clarke

Pupil Sanitary Inspector:

N. Briggs

Non-Medical Supervisor of Midwives:

Miss M. Cooper, S.R.N., S.C.M., Queen's District Nurse

Superintendent Health Visitor:

Miss W. H. Bennett, S.R.N., S.C.M., H.V.'s. Cert.

Health Visitors|School Nurses:

Miss V. J. Coulter, S.R.N., H.V.'s. Cert.

Mrs. M. W. Browne, S.R.N., S.C.M., H.V.'s Cert.

Miss A. Lamb, S.R.N., S.C.M., R.S.I., H.V.'s Cert.

Miss B. Viner, S.R.N., S.C.M., H.V.'s Cert.

Miss N. Homer, S.R.N., S.C.M., H.V.'s Cert.

*Mrs. M. E. Perry, S.R.N., S.C.M., H.V.'s Cert.

*Mrs. D. A. Beech, S.R.N., S.C.M., (Part I)

*Mrs. E. Aston, S.R.N., S.C.M., H.V.'s Cert.

Mrs. E. E. Turner, S.R.N., S.C.M., H.V.'s Cert.

Miss B. B. Harrington, S.R.N., S.C.M., H.V.'s Cert.

Mrs. M. McLoughlin, S.R.N., S.C.M., H.V.'s Cert.

Student Health Visitors:

Mrs. M. Gwinnell, S.R.N., S.C.M., (Part I)

Miss J. M. Hadlington, S.R.N., S.C.M., C.C.C.C.

Clinic Nurses:

Miss B. A. Evans, S.R.N.

Mrs. L. Edwards, S.R.N.

Nursing Assistant:

Mrs. E. H. Taylor

Municipal Midwives:

Mrs. A. Arnold, S.R.N., S.C.M.

Mrs. E. Bailey, S.R.N., S.C.M.

Miss L. A. Baylis, S.C.M.

Mrs. E. A. Beeston, S.R.N., S.C.M.

Miss E. F. Brightman, S.R.N., S.C.M.

Miss E. Brown, S.C.M.

Miss M. Corridan, S.C.M.

Mrs. A. Llewellyn, S.C.M.

Mrs. N. J. Raybould, S.R.N., S.C.M.

Dental Attendants:

Mrs. E. M. Smith, S.E.A.N.

Mrs. I. H. Robinson, S.E.A.N.

Clerical Staff:

H. D. Parsons, Administrative Assistant
S. Murphy, Senior Clerk

General Health:

Miss I. Richards
Mrs. C. Wright
Miss C. Connolly
Mrs. I. Strathearn
Mr. C. Harris

Sanitary Section:

Mrs. I. Murphy
Miss H. Clarke
Miss J. Hooper
Mr. G. W. Thomas

School Health Section:

B. Booth, M.P.S., Senior Clerk
Miss M. Mayer
Miss F. Lloyd
Miss P. Simon
Miss M. Tuck
Miss H. Owen

Welfare Section:

Miss E. J. Blewitt
Miss S. Jevons

Mental Health Officer:

S. W. Cross

Mental Health Supervisor:

Mrs. I. M. Cooper

Occupation Centre Assistants:

Miss B. F. Lloyd and Miss P. H. Kear

Assistant Welfare Officer:

A. J. Ward

Welfare Assistant:

R. A. G. Guy

Matron—"Albert House":

Miss M. Radcliffe

Assistant Matron—"Albert House":

Miss M. I. McLennan

* Part-time.

† Certificate of the Royal Sanitary Institute—Inspector of Meat and Other Foods.

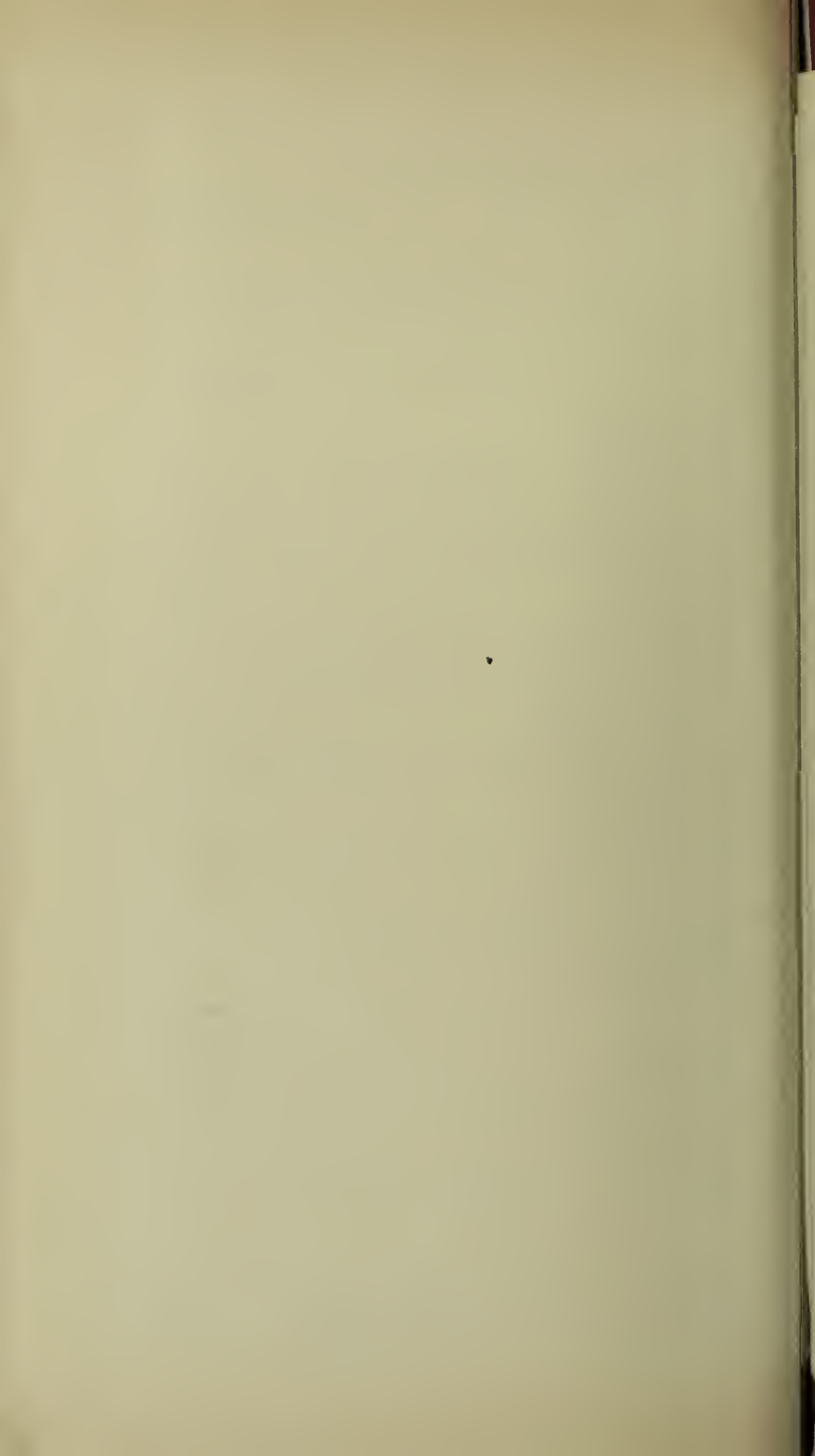


Table 1
Table showing Results of Investigation of Washing-up Routines at Catering and Licensed Premises
Samples of washing-up water and, in some cases, rinse water were taken at timed intervals. At the same time swabs of utensils were taken and the results are shown on the right hand side of the table.

PREMISES	DETERGENT OR DETERGENT-STERILANT	FIRST SAMPLE		SECOND SAMPLE		THIRD SAMPLE		FOURTH SAMPLE		FIFTH SAMPLE		UTENSILS								REMARKS		
												Article	Cup	Plate	Plate	Plate	Fork	Fork	Fork		Drain Board	
1. RESTAURANT A	Liquid detergent	Count	Sterile		Under 100		100,000		132,500			Article	Cup	Plate	Plate	Plate	Fork	Fork	Fork	Drain Board		
		Coli	Absent		Present 180 + (8 faecal)		Present 180 + (all faecal)		Present 180 + (all faecal)			Count	16,640	ASB	Under 100	Under 100	288,000	144,000	Under 100	921,600		
		When taken	Sink filled and dosed		After 10 minutes		After 20 minutes		After 30 minutes			Coli	+ faecal	+ faecal	—	+ faecal	+ faecal	+ faecal	+ non faecal	+ faecal		
2. CANTEEN A	Washing soda	Count	Under 100	Both Wash and Rinse Waters	Under 100	Both Wash and Rinse Waters	Under 100	Both Wash and Rinse Waters	Wash Under 100	Rinse 1,000		Article	Mug	2 plates	plate	spoon	fork	drain board				
		Coli	Absent		Absent		Absent		Absent	Absent		ASB	Under 100	ASB	600	2,000						
		When taken	Sinks filled and dosed		After 10 minutes		After 20 minutes		After 30 minutes			Coli	Absent	Absent	Absent	Absent	Absent	Absent				
3. CANTEEN B	Liquid detergent and hypochlorite	Count	Sterile	Both wash and Rinse Waters	Sterile	Wash and Rinse Waters	Sterile	Wash and Rinse Waters	Sterile	Wash and		Article	4 plates	4 plates	plate	plate	plate	2 forks	1 fork	1 spoon	Washing-up water re-dosed after 15 minutes	
		Coli	Absent		Absent		Absent		Absent	Absent		Under 100	430	1,000	Sterile	Under 100	Sterile					
		When taken	Sinks filled and dosed		After 10 minutes		After 20 minutes		After 30 minutes			Coli	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent		
4. RESTAURANT A	Detergent-Hypochlorite powder	Count	Sterile		2,500		Sterile		Sterile			Article	2 plates	plate	cup	cup	fork	fork	drain board	Washing-up water re-dosed after 15 minutes		
		Coli	Absent		180 + all faecal		180 + all faecal		180 + non-faecal			Count	Sterile	sterile	44,000	4,000	2,500	3,800	86,000			
		When taken	Sink filled and dosed		After 10 minutes		After 20 minutes		After 30 minutes			Coli	absent	+ non faecal	+ non faecal	+ faecal	+ non faecal	+ faecal	+ faecal			
5. SCHOOL DINING ROOM	Detergent-Hypochlorite powder	Count	Sterile		Sterile (Cutlery rinse 2,500)		14,000		Sterile		12,600	Article	5 plates	3 forks	Drain board					Washing-up water re-dosed after 15 minutes		
		Coli	Absent		Absent (Absent)		180 + non-faecal		Absent			Count	ASB	ASB	ASB							
		When taken	Sink filled and dosed		After 10 minutes		After 15 minutes prior to re-dosing		20 minutes (after re-dosing)			Coli	Absent	Absent	Absent							
6. RESTAURANT B	Detergent powder claiming sterilising properties	Count	Sterile		Sterile		Sterile		Sterile		Wash Water and Rinse Sterile	Article	3 plates	2 cups	1 fork	1 spoon	1 fork					
		Coli	Absent		Absent		Absent		Absent			Count	Under 100	Under 100	ASB	ASB	Under 100					
		When taken	Sink filled and dosed		After 10 minutes		After 15 minutes		After 20 minutes			Coli	Absent	Absent	Absent	Absent	Absent					
7. RESTAURANT C	Liquid detergent claiming sterilising properties	Count	Under 100		15,000		6,000		17,500			Article	plate	Plate	plate	fork	2 forks	cup	Drain board	3rd sample followed dilution of detergent by running in hot water		
		Coli	Absent		Present 14 non-faecal Per 100 mls.		Present 3 non-faecal Per 100 mls.		Present 180 + non-faecal			Count	Sterile	Under 100	ASB	Under 100	ASB	ASB	ASB			
		When taken	Sink filled and dosed		After 10 minutes		After 15 minutes		After 30 minutes			Coli	Absent	Absent	Absent	Absent	Absent	Absent	Absent			
8. RESTAURANT D	Soda and Hypochlorite	Count	Under 100		Under 100		Under 100		Sterile			Article	2 forks	1 fork	plate	plate	2 cups	Drain board		Soda and Hypochlorite added to washing-up water		
		Coli	Absent		Absent		Absent		Absent			Count	Sterile	Sterile	Under 100	Sterile	Under 100	18,600				
		When taken	Sink filled and dosed		After 10 minutes		After 30 minutes		After 45 minutes			Coli	Absent	Absent	Absent	Absent	Absent	+ faecal				
9. RESTAURANT E	Soap powder	Count	Sterile		20,000		45,600					Article	3 plates	plate	cup	Drain board						
		Coli	Absent		180 + faecal		180 + faecal					Count	Under 100	ASB	6,000	18,600						
		When taken	Sink filled and dosed		After 20 minutes		After 35 minutes					Coli	Absent	Absent	+ faecal	+ faecal						
10. RESTAURANT E	Liquid detergent and hypochlorite	Count	Sterile		Under 100							Article	3 plates	plate	plate	plate	glass	Drain board		High counts of 3 utensils possibly due to contaminated draining board		
		Coli	Absent		Absent							Count	ASB	Under 100	8,750	10,685	6,950	5,900				
		When taken	Sink filled and dosed		After 20 minutes							Coli	Absent	Absent	+ faecal	+ faecal	+ faecal	+ faecal				
11. CANTEEN C	Liquid detergent and hypochlorite	Count	Under 100		Sterile		150		Rinse Water Sterile			Article	3 plates	2 plates	cup	glass	Drain board		3rd sample taken prior to re-dosing of washing-up water			
		Coli	Absent		Absent		Present		Absent			Count	ASB	Under 100	Sterile	ASB	ASB					
		When taken	Sink filled and dosed		After 10 minutes		After 15 minutes		After 40 minutes			Coli	Absent	Absent	Absent	Absent	Absent					
12. CANTEEN D	Liquid detergent claiming sterilising properties	Count	Under 100		Under 100		Under 100		Under 100			Article	plate	Spoon	Spoon	2 forks	cup	3 glasses	glass			
		Coli	Absent		Absent		Absent		Absent			Count	Sterile	Sterile	Under 100	Sterile	Under 100	Sterile	Under 100			
		When taken	Sink filled and dosed		After 8 minutes		After 18 minutes		After 30 minutes			Coli	Absent	Absent	Absent	Absent	Absent	Absent	Absent			
13. CANTEEN C	Liquid detergent	Count	Sterile		16,500		18,950		22,000			Article	2 plates	plate	plate	cup	fork	Fish slice				
		Coli	Absent		180 + all faecal		180 + all faecal		180 + all faecal			Count	Under 100	Under 100	ASB	Under 100	500	Under 100				
		When taken	Sink filled and dosed		After 10 minutes		After 15 minutes		After 20 minutes			Coli	Absent	+ faecal	Absent	Absent	+ non faecal	Absent				
14. CANTEEN D	Liquid detergent claiming sterilising properties	Count	Under 100		850		960					Article	plate	3 plates	plate	3 forks				Considerably more washing-up in progress than when previously sampled see (No. 12 above).		
		Coli	Absent		50 per 100 mls. faecal		90 per 100 mls. (50 faecal)					Count	Sterile	ASB	Under 100	Under 100						
		When taken	Sink filled and dosed		After 10 minutes		After 15 minutes					Coli	Absent	Absent	Absent	Absent						
15. LICENSED PREMISES A	Glass washing detergent and bactericide	Count	Under 100		450		290		20		200	Article	6 glasses	8 glasses	glass	glass						
		Coli	Absent		180 + non-faecal		180 + non-faecal		180 + non-faecal			Count	Under 100	ASB	Under 100	250						
		When taken	Sink filled and dosed		After 10 minutes (26 glasses)		After 20 minutes (32 glasses)		After 30 minutes (47 glasses)			Coli	Absent	Absent	+ non faecal	Absent						
16. LICENSED PREMISES B	Glass washing detergent and bactericide	Count	18,000		24,000		32,000		40,000			Article	Drain board	15 drinking glasses								See No. 18 below.
		Coli	180 + all faecal		180 + all faecal		180 + all faecal		180 + all faecal			Count	18,700	Counts ranging from 3,100 to 15,900 (Average count, 8,858)								
		When taken	After 6 minutes' use (8 glasses)		After 28 minutes (20 glasses)		After 44 minutes (30 glasses)		After 66 minutes (43 glasses)			Coli	+ faecal	All glasses had faecal coli present with one exception which had non-faecal coli								
17. LICENSED PREMISES C	Quaternary Ammonium Compound	Count	Sterile		Sterile		Sterile		Sterile			Article	3 glasses	2 glasses	glass	glass	glass	glass	glass	See 19 below. Inaccurate dosing suspected.		
		Coli	Absent		Absent		Absent		Absent			Count	Under 100	ASB	620	500	950	720	425		330	
		When taken	Sink filled and dosed		After 5 minutes		After 20 minutes					Coli	Absent	Absent	+ non-faecal	+ non-faecal	+ non-faecal	+ non-faecal	+ non-faecal		+ non-faecal	
18. LICENSED PREMISES D	Glass washing detergent and bactericide	Count	Sterile		Sterile		125		200			Article	7 glasses	2 glasses	glass	Drain board				Same glass washing detergent as used at licensed premises B (see 16) but double strength.		
		Coli	Absent		Absent		35 per 100 mls. non-faecal		90 per 100 mls. non-faecal			Count	Under 100	ASB	860	ASB						
		When taken	Sink filled and dosed		After 5 minutes		After 45 minutes		After 60 minutes			Coli	Absent	Absent	+ non-faecal	Absent						
19. LICENSED PREMISES C	Quaternary Ammonium Compound	Count	Sterile		Sterile							Article	6 glasses	glass						Follow-up of previous tests (No. 17) when inaccurate dosing was suspected.		
		Coli	Absent		Absent							Count	Under 100	ASB								
		When taken	Sink filled and dosed		After 10 minutes							Coli	Absent	Absent								
20. RESTAURANT A	Liquid detergent and hypochlorite	Count	Under 100		Under 100		Sterile		Sterile			Article	4 cups	3 plates	plate	plate	3 spoons	fork	fork	Drain board	Sink re-dosed after 15 minutes.	
		Coli	Absent		Absent		Absent		Absent			Count	Under 100	Under 100	Sterile	175	Under 100	150	ASB	Under 100		
		When taken	After 7½ minutes' use		After 15 minutes' use		After 22 minutes' use		After 30 minutes' use			Coli	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent		

